#CALIF DEPT OF HEALTH SERV MOP024

ORTHODONTIC SERVICES

ALL OTHER SERVICES

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004

PAGE 961 03/14/05

FEE-FOR-SERVICE/DENTAL

0

4

| MOF024 | LEE-LOK-SEKAIC | | | | | | | | 03/14/0 |
|---------------------------------|-------------------------|------------------|------|------------------------------|--------------|----------------|----------------|-----|-------------|
| BUTTE COUNTY | SUMMARY OF SER | VICES FOR CASH G | RANT | - AGED | AID CODE | | | | |
| | | | | | | | ONTHLY AVERA | AGE | |
| 13,709 ELIGIBLES | USERS | UNITS OF SERVIC | | EXPENDITURES | | | | | COST PER |
| | | OR DAYS OF CAR | | | PER UNIT/DAY | | USER | | ELIGIBLE |
| @TOTAL, ALL PROVIDERS | 11,128 | 208,523 | \$ | 5,389,050.28 | | 15.211 | | | 393.10 |
| @PHYSICIANS SERVICES | 2,168 | 8,787 | \$ | 102,003.86 | | .641 | | \$ | 7.44 |
| OUTPATIENT VISITS | 31 | 45 | | 1,432.08 | | .003 | 46.20 | | .10 |
| OFFICE VISITS | 30 | 44 | | 1,324.00 | | .003 | 44.13 | | .10 |
| HOME VISITS | 0 | 0 | | .00 | | .000 | .00 | | .00 |
| EMERGENCY ROOM | 1 | 1 | | 108.08 | | .000 | 108.08 | | .01 |
| PREVENTIVE CARE | 0 | 0 | | .00 | | .000 | .00 | | .00 |
| OB VISITS/COMPRE PERI | 0 | 0 | | .00 | | .000 | .00 | | .00 |
| OTHER OUTPATIENT | 0 | 0 | | .00 | | .000 | .00 | | .00 |
| INPATIENT VISITS | 7 | 15 | | 683.33 | | .001 | 97.62 | | .05 |
| HOSPITAL VISITS | 5 | 11 | | 573.33 | | .001 | 114.67 | | .04 |
| CRITICAL CARE | 0 | 0 | | .00 | | .000 | .00 | | .00 |
| SNF/ICF/TRANS IP CARE | 2 | 4 | | 110.00 | | .000 | 55.00 | | .01 |
| OPHTHALMOLOGICAL SERVICES | 5 | 5 | | 155.34 | 31.07 | .000 | 31.07 | | .01 |
| EXAMINATIONS | 5 | 5 | | 155.34 | | .000 | 31.07 | | .01 |
| SERVICES AND MATERIALS | | 0 | | .00 | | .000 | .00 | | .00 |
| INPATIENT HOSPITAL SURGERY | 2 | 15 | | 129.07 | | .001 | 64.54 | | .01 |
| PRINCIPAL SURGEON | 1 | 1 | | 42.07 | | .000 | 42.07 | | .00 |
| ASSISTANT SURGEON | 0 | 0 | | .00 | | .000 | .00 | | .00 |
| ANESTHESIOLOGIST | 1 | 14 | | 87.00 | | .001 | 87.00 | | .01 |
| OUTPATIENT SURGERY | 12 | 93 | | 4,971.85 | | .007 | 414.32 | | .36 |
| PRINCIPAL SURGEON | 10 | 19 | | 3,957.67 | | .001 | 395.77 | | .29 |
| ASSISTANT SURGEON | 0 | 0 | | .00 | | .000 | .00 | | .00 |
| ANESTHESIOLOGIST | 5 8 | 74 | | 1,014.18 | 13.71 | .005 | 202.84 | | .07 |
| DIALYSIS | 8 5 | 8 7 | | 1,800.32 | | .001 | 225.04 | | .13 |
| PATHOLOGY | 5 25 | | | 23.87 | | .001 | 4.77 | | .00 |
| RADIOLOGY | 25 0 | 39 0 | | 1,880.55 | | .003 | 75.22 | | .14 |
| PSYCHIATRY | 0 | | | .00 | | .000 | .00 | | .00 |
| IMMUNIZATION AND INJECTION | 2,107 9,481 9,306 | 9 | | 35.38 90,892.07 | | .000 .624 | 11.79 43.14 | | .00 6.63 |
| OTHER SERVICES/ALL X-OVERS | 2,107 | 8,556 124,077 | Ċ | | | | | ċ | 220.85 |
| @PHARMACY PRESCRIPTION DRUGS | 9,461 | 38,917 | \$ | 3,027,628.37 2,930,239.93 | | 9.051 2.839 | 314.88 | ې | 213.75 |
| SNF/ICF | 9,300 | 1,196 | | 95,117.55 | | .087 | 602.01 | | 6.94 |
| OUTPATIENTS | 158 9 , 167 | 37,721 | | 2,835,122.38 | | 2.752 | 309.27 | | 206.81 |
| MEDICAL SUPPLIES | 1,208 | 85,160 | | 97,388.44 | 1.14 | 6.212 | 80.62 | | 7.10 |
| @DENTIST | 331 | 1,171 | \$ | 59,265.60 | | .085 | | Ċ | 4.32 |
| VISITS - DIAGNOSTIC | 207 | 720 | Ų | 8,839.00 | | .053 | 42.70 | ې | .64 |
| ORAL SURGERY | 53 | 141 | | 7,436.00 | | .010 | 140.30 | | .54 |
| DRUGS | 0 | 0 | | .00 | | .000 | .00 | | .00 |
| ANESTHESIA | 0 | 0 | | .00 | | .000 | .00 | | .00 |
| PERIODONTICS | 17 | 18 | | 1,754.00 | | .001 | 103.18 | | .13 |
| ENDODONTICS | 15 | 16 | | 3,520.00 | | .001 | 234.67 | | .26 |
| RESTORATIVE DENTISTRY | 86 | 164 | | 11,521.60 | | .012 | 133.97 | | .84 |
| PROSTHETICS | 3 | 3 | | 140.00 | | .000 | 46.67 | | .01 |
| DENTURES, STAYPLATES | 69 | 118 | | 26,055.00 | | .009 | 377.61 | | 1.90 |
| SPACE MAINTAINERS | 0 | 0 | | .00 | | .000 | .00 | | .00 |
| MAXILLOFACIAL SERVICES | 0 | 0 | | .00 | .00 | .000 | .00 | | .00 |
| FRACTURES, DISLOCATIONS | 0 | 0 | | .00 | .00 | .000 | .00 | | .00 |
| ODELLO DOLLETO GERLITORO | 0 | 0 | | .00 | .00 | .000 | .00 | | .00 |

0

9CR

.00

.00

.00

.00

.000

.001CR

.00

.00

.00

.00

MOP024

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 962 FEE-FOR-SERVICE/DENTAL

03/14/05

| MOPU24 | FEE-FOR-SERVICE | | | | | | | | | | 03/14/05 |
|------------------------------|-----------------|-----------|----------------|--------|--------------|-------------|------|-----|-----------|----|----------|
| BUTTE COUNTY | SUMMARY OF SERV | VICES FOR | CASH GI | RANT - | AGED | AID CODE | | | | | |
| | | | | | | | M | ONT | HLY AVERA | GE | |
| 13,709 ELIGIBLES | USERS | UNITS OF | - | | EXPENDITURES | ERAGE COST | | | | | COST PER |
| | | OR DAYS | | | | R UNIT/DAY | | | USER | | ELIGIBLE |
| @OPTOMETRIST | 313 | | 777 | \$ | 14,279.13 | \$ | .057 | \$ | 45.62 | \$ | 1.04 |
| DIAGNOSTIC AND ANC. PROCED | 24 | | 25 | | 946.39 | 37.86 | .002 | | 39.43 | | .07 |
| EYE APPLIANCES | 237 | | 631 | | 10,837.02 | 17.17 | .046 | | 45.73 | | .79 |
| OTHER OPTOMETRIC SERVICES | 86 | | 121 | | 2,495.72 | 20.63 | .009 | | 29.02 | | .18 |
| @CHIROPRACTOR | 9 | | 11 | \$ | 98.97 | \$ 9.00 | .001 | \$ | 11.00 | \$ | .01 |
| VISITS | 0 | | 0 | | .00 | .00 | .000 | | .00 | | .00 |
| OTHER SERVICES | 9 | | 11 | | 98.97 | 9.00 | .001 | | 11.00 | | .01 |
| @PODIATRIST | 221 | | 280 | \$ | 2,537.43 | \$ | .020 | \$ | 11.48 | \$ | .19 |
| MEDICINE/INJECTIONS | 1 | | 2 | | 45.40 | 22.70 | .000 | | 45.40 | | .00 |
| SURGERY/ANES. | 0 | | 0 | | .00 | .00 | .000 | | .00 | | .00 |
| RADIO./PATHOLOGY | 0 | | 0 | | .00 | .00 | .000 | | .00 | | .00 |
| OTHER | 220 | | 278 | | 2,492.03 | 8.96 | .020 | | 11.33 | | .18 |
| @HOME HEALTH AGENCY | 3 | | 17 | \$ | 1,140.62 | \$ 67.10 | .001 | \$ | 380.21 | \$ | .08 |
| NURSE ANESTHESIST | 3 | | 30 | \$ | 201.49 | \$ 6.72 | .002 | \$ | 67.16 | \$ | .01 |
| NURSE MIDWIFE | 0 | | 0 | \$ | .00 | \$.00 | .000 | \$ | .00 | \$ | .00 |
| PEDIATRIC NURSE PRACTITIONER | 0 | | 0 | \$ | .00 | \$.00 | .000 | \$ | .00 | \$ | .00 |
| FAMILY NURSE PRACTITIONER | 5 | | 11 | \$ | 230.83 | \$ 20.98 | .001 | \$ | 46.17 | \$ | .02 |
| @TOTAL HOSPITAL | 1,806 | | 6,619 | \$ | 838,891.94 | | .483 | \$ | 464.50 | \$ | 61.19 |
| HOSP INPATIENT TOTAL | 257 | | 413 | | 717,965.81 | 1738.42 | .030 | | 2793.64 | | 52.37 |
| HSC HOSPITALS | 3 | | 20 | | 20,961.49 | 1048.07 | .001 | | 6987.16 | | 1.53 |
| NON-HSC HOSPITAL TOTAL | 55 | | 393 | | 528,961.54 | 1345.96 | .029 | | 9617.48 | | 38.58 |
| ACCOMMODATIONS | 55 | | 393 | | 195,419.26 | 497.25 | .029 | | 3553.08 | | 14.25 |
| ADMINISTRATIVE DAYS | 0 | | 0 | | .00 | .00 | .000 | | .00 | | .00 |
| TRANSITIONAL IP CARE | 0 | | 0 | | .00 | .00 | .000 | | .00 | | .00 |
| ALL OTHER ACCOM | 55 | | 393 | | 195,419.26 | 497.25 | .029 | | 3553.08 | | 14.25 |
| ANCILLARIES | 55 | | 0 | | 333,542.28 | .00 | .000 | | 6064.41 | | 24.33 |
| INPATIENT CROSSOVERS | 199 | | 0 | | 168,042.78 | .00 | .000 | | 844.44 | | 12.26 |
| ALL OTHER INPATIENT | 0 | | 0 | | .00 | .00 | .000 | | .00 | | .00 |
| HOSP OUTPATIENT TOTAL | 1,703 | | 6,206 | | 120,926.13 | 19.49 | .453 | | 71.01 | | 8.82 |
| MEDICAL | 22 | | 49 | | 2,596.69 | 52.99 | .004 | | 118.03 | | .19 |
| SURGERY | 8 | | 11 | | 1,075.29 | 97.75 | .001 | | 134.41 | | .08 |
| PATHOLOGY | 75 | | 179 | | 2,329.87 | 13.02 | .013 | | 31.06 | | .17 |
| RADIOLOGY | 12 | | 25 | | 3,106.01 | 124.24 | .002 | | 258.83 | | .23 |
| ROOM USE | 23 | | 40 | | 2,379.25 | 59.48 | .003 | | 103.45 | | .17 |
| CROSSOVERS/ALL OTH OUTPTNT | 1,643 | | 5 , 902 | | 109,439.02 | 18.54 | .431 | | 66.61 | | 7.98 |
| @COUNTY HOSPITAL TOTAL | 5 | | 21 | \$ | 280.93 | \$ 13.38 | .002 | \$ | 56.19 | \$ | .02 |
| CO HOSPITAL INPATIENT TOTAL | 0 | | 0 | | .00 | .00 | .000 | | .00 | | .00 |
| HSC HOSPITALS | 0 | | 0 | | .00 | .00 | .000 | | .00 | | .00 |
| NON-HSC HOSPITALS TOTAL | 0 | | 0 | | .00 | .00 | .000 | | .00 | | .00 |
| ACCOMMODATIONS | 0 | | 0 | | .00 | .00 | .000 | | .00 | | .00 |
| ADMINISTRATIVE DAYS | 0 | | 0 | | .00 | .00 | .000 | | .00 | | .00 |
| TRANSITIONAL IP CARE | 0 | | 0 | | .00 | .00 | .000 | | .00 | | .00 |
| ALL OTHER ACCOM | 0 | | 0 | | .00 | .00 | .000 | | .00 | | .00 |
| ANCILLARIES | 0 | | 0 | | .00 | .00 | .000 | | .00 | | .00 |
| INPATIENT CROSSOVERS | 0 | | 0 | | .00 | .00 | .000 | | .00 | | .00 |
| ALL OTHER INPATIENT | 0 | | 0 | | .00 | .00 | .000 | | .00 | | .00 |
| CO HOSP OUTPATIENT TOTAL | 5 | | 21 | | 280.93 | 13.38 | .002 | | 56.19 | | .02 |
| MEDICAL | 0 | | 0 | | .00 | .00 | .000 | | .00 | | .00 |
| SURGERY | 0 | | 0 | | .00 | .00 | .000 | | .00 | | .00 |
| PATHOLOGY | 0 | | 0 | | .00 | .00 | .000 | | .00 | | .00 |
| | | | | | | | | | | | |

0 0 RADIOLOGY .00 .00 .000 .00 .00 0 0 .00 ROOM USE .00 .000 .00 .00 5 CROSSOVERS/ALL OTH OUTPTNT 21 280.93 13.38 .002 56.19 .02 MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 #CALIF DEPT OF HEALTH SERV PAGE 963

03/14/05

MOP024 FEE-FOR-SERVICE/DENTAL

BUTTE COUNTY SUMMARY OF SERVICES FOR CASH GRANT - AGED AID CODE 10

| BUTTE COUNTY | CIIMMADV OF CEDI | VICES FOR CASH GRA | יייות _ | A C E D | AID CODE | 1.0 | | | 03/11/03 |
|---|--|--------------------------------|----------|--|---|--------------|--------------|----------|----------|
| BOILE COONII | SOMMAN OF SER | VICES FOR CASH GRA | 71/1 . | AGED | AID CODE | MON | מחחות אוובטא | CE | |
| 13,709 ELIGIBLES | HOPDO | UNITS OF SERVICE | | EADEMULLIDEG | AVERAGE COST | | | | COST PER |
| 13,709 EDIGIDDES | OSEKS | OR DAYS OF CARE | | EVERNOTIONES | PER UNIT/DAY | | USER | | ELIGIBLE |
| @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL | 1 002 | 6,598 | Ċ | 838,611.01 | | | 465.38 | | |
| COMM HOCD INDICATEND DODAY | 1,002 | 413 | ې | 717 065 01 | 1720 42 | .030 | 2793.64 | ې | 52.37 |
| COMM HOSE INFAITENT TOTAL | 237 | 413 | | 717,965.81 20,961.49 | 1/30.42 | .030 | | | |
| HSC HOSPITALS | 3 | 20 | | 20,961.49 | 1048.07 | .001 | 6987.16 | | 1.53 |
| NON-HSC HOSPITALS TOTAL | 55 | 393 | | 528,961.54 | 1345.96 | .029 | 9617.48 | | 38.58 |
| ACCOMMODATIONS | 55 | 393 | | 528,961.54 195,419.26 .00 | 1738.42 1048.07 1345.96 497.25 | .029 | | | 14.25 |
| ADMINISTRATIVE DAYS | 0 | 0 | | .00 | .00 | .000 | .00 | | .00 |
| TRANSITIONAL IP CARE | 0 | 0 | | .00 | .00 | .000 | .00 | | .00 |
| ALL OTHER ACCOM | 55 | 393 | | 195,419.26 .00 .00 195,419.26 333,542.28 | 497.25 | .029 | 3553.08 | | 14.25 |
| ANCILLARIES | 55 | 0 | | 333,542.28 | 497.25 | .000 | 6064.41 | | 24.33 |
| INPATIENT CROSSOVERS | 199 | 0 | | 168,042,78 | .00 | .000 | 844.44 | | 12.26 |
| COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL | 0 | 0 | | .00 | .00 | .000 | .00 | | .00 |
| COMM HOSP OUTPATIENT TOTAL | 1,699 | 6,185 | | 120,645.20 | 19.51 | .451 | 71.01 | | 8.80 |
| MEDICAL | 22 | 49 | | 2,596.69 | 52.99 | .004 | 118.03 | | .19 |
| SURGERY | 8 | 11 | | 1,075.29 | 97.75 | .001 | 134.41 | | .08 |
| PATHOLOGY | 75 | 179 | | 2,329.87 | 13.02 | .013 | 31.06 | | .17 |
| RADIOLOGY | 12 | 25 | | 3,106.01 | .00 .00 .00 19.51 52.99 97.75 13.02 124.24 | .002 | 258.83 | | .23 |
| ROOM USE | 23 | 11 179 25 40 5,881 | | 2,379.25 | 59.48 | .003 | 103.45 | | .17 |
| ROOM USE CROSSOVERS/ALL OTH OUTPTNT | 1,639 | 5,881 | | 109,158.09 | 18.56 | .429 | 66.60 | | 7.96 |
| @STATE HOSPITAL | 0 1,699 22 8 75 12 23 1,639 | 0 | Ś | .00 | | .000 \$ | | Ś | .00 |
| MENTALLY ILL | 0 | 0 | | .00 | .00 | .000 | .00 | | .00 |
| DEVELOP DISABLED | Ō | 0 | | .00 | .00 | .000 | .00 | | .00 |
| @NURSING FACILITY | 230 | 3,952 | Ś | 668,864.80 | \$ 169.25 | | 2908.11 | Ś | 48.79 |
| @STATE HOSPITAL MENTALLY ILL DEVELOP. DISABLED @NURSING FACILITY LEV A-INTERMEDIATE LEV B-REHAB MD | 0 | 0 | Τ | .00 | .00 | .000 | .00 | Τ. | .00 |
| LEV B-REHAR MD | Ō | | | .00 | .00 | .000 | .00 | | .00 |
| LEV B-SUBACUTE FREESTANDING | 0 | 0 | | .00 | .00 | .000 | .00 | | .00 |
| LEV B-SUBACUTE HSPTL BASED | Û | 0 0 0 0 3,952 | | .00 | .00 | .000 | .00 | | .00 |
| LEV B-TRANSITIONAL IP CARE | 0 0 0 230 0 | 0 | | .00 | .00 | .000 | .00 | | .00 |
| LEV B-REGULAR | 230 | 3 952 | | 668,864.80 | 169.25 | .288 | 2908.11 | | 48.79 |
| | 250 | 0 | S | .00 | \$.00 | | .00 | Ś | .00 |
| TOF DOU | 0 | 0 | Y | .00 | .00 | .000 | .00 | Y | .00 |
| ICE DD | 0 | 0 | | .00 | .00 | .000 | .00 | | .00 |
| ICE DDM/DDCM | 0 | 0 | | | .00 | .000 | .00 | | .00 |
| AUEMODIAIVEIS TOTAI | 53 | | Ś | .00 38,013.54 | \$ 120.68 | .023 \$ | | Ċ | 2.77 |
| UOCDITAL BACED | 0 | 0 | Y | .00 | .00 | .000 | .00 | Y | .00 |
| HEMODIALYCIC CEMBED | F 3 | 315 | | 38,013.54 | 120.68 | .023 | 717.24 | | 2.77 |
| ADEILADII THAMION FACTITHY | 55 | 0 | Ś | .00 | \$.00 | .000 \$ | | ċ | .00 |
| UCCDIMAL DACED | 0 | 0 | Ÿ | .00 | .00 | .000 | .00 | ۲ | .00 |
| HUSPITAL BASED | 0 | 0 | | .00 | .00 | .000 | | | .00 |
| INDEPENDENT FACILITY | 4.0 | 183 | Ś | | | | .00 | <u>_</u> | .15 |
| CLABORATORY FACILITY | 48 | | Ş | 2,024.94 | | .013 \$ | | Þ | |
| PATHOLOGY | 39 | 166 | | 1,885.22 | 11.36 | .012 | 48.34 | | .14 |
| XU AND OTHERS | 1 762 | 17 | <u>^</u> | 139.72 | | .001 | 15.52 | <u> </u> | .01 |
| @INTERMEDIATE CARE FACILDD ICF DDH ICF DD ICF DDN/DDCN @HEMODIALYSIS TOTAL HOSPITAL BASED HEMODIALYSIS CENTER @REHABILITATION FACILITY HOSPITAL BASED INDEPENDENT FACILITY @LABORATORY FACILITY PATHOLOGY XO AND OTHERS @ORGANIZED OUTPATIENT CLINIC CLINIC | 1,/63 | 3,061 | \$ | | \$ 44.85 | .223 \$ | | Ş | 10.01 |
| CLINIC | 36 | 92 | | 4,132.52 | | .007 | 114.79 | | .30 |
| SURGICENTER | 17 0 | 16 | | 2,844.64 | 177.79 | .001 | 167.33 | | .21 |
| HEROIN DETOX CLINIC | | 0 | | .00 | .00 | .000 | .00 | | .00 |
| RURAL HEALTH CLINIC | 1,716 | 2,953 | 10 1000 | 130,305.86 | 44.13 | .215 | 75.94 | _ | 9.51 |
| #CALIF DEPT OF HEALTH SERV | MEDI-CAL SERVIO | LES AND EXPENDITURE | S MON | TH-OF-PAYMENT F | KEPORT FOR JAN | ZUU4 THKU DE | L 2004 | Р | AGE 964 |

MOP024 FEE-FOR-SERVICE/DENTAL
BUTTE COUNTY SUMMARY OF SERVICES FOR CASH GRANT - AGED AID CODE 10 03/14/05

| | | | | | | M | ONTHLY AVERA | GE |
|----------------------------------|---------------|------------------|------|--------------|--------------|-----------|--------------|----------|
| 13,709 ELIGIBLES | USERS | UNITS OF SERVIC | E | EXPENDITURES | AVERAGE COST | UNITS/DAY | S COST PER | COST PER |
| | | OR DAYS OF CAR | E | | PER UNIT/DAY | PER ELIG | USER | ELIGIBLE |
| @ALL OTHER PROVIDERS | 2,232 | 59 , 232 | \$ | 496,585.74 | \$ 8.38 | 4.321 | \$ 222.48 | \$ 36.22 |
| DURABLE MED. EQUIP. | 53 | 78 | | 14,070.75 | 180.39 | .006 | 265.49 | 1.03 |
| BLOOD BANK | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| HEARING AID DISPENSERS | 211 | 350 | | 29,493.70 | 84.27 | .026 | 139.78 | 2.15 |
| MEDICAL TRANSPORTATION | 297 | 16,195 | | 63,716.38 | 3.93 | 1.181 | 214.53 | 4.65 |
| AMBULANCES/AIR TRANS | 28 | 40 | | 3,396.37 | 84.91 | .003 | 121.30 | .25 |
| OTHER TRANS | 257 | 15,969 | | 59,489.27 | 3.73 | 1.165 | 231.48 | 4.34 |
| OTHER SERVICES | 33 | 186 | | 830.74 | 4.47 | .014 | 25.17 | .06 |
| ACUPUNCTURE | 21 | 52 | | 897.49 | 17.26 | .004 | 42.74 | .07 |
| ADULT DAY HEALTH CARE CTR | 167 | 2,188 | | 152,303.68 | 69.61 | .160 | 912.00 | 11.11 |
| GENETIC DISEASE TESTING | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| IHMC, MODEL-NF, NF, AIDS, MSSP | 278 | 2,461 | | 141,428.61 | 57.47 | .180 | 508.74 | 10.32 |
| OCCUPATIONAL THERAPIST | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| OPTICIAN | 284 | 648 | | 7,666.40 | 11.83 | .047 | 26.99 | .56 |
| PHYSICAL THERAPIST | 1 | 6 | | 7.62 | 1.27 | .000 | 7.62 | .00 |
| PORTABLE X-RAY | 3 | 3 | | 2.34 | .78 | .000 | .78 | .00 |
| PROSTHETIST/ORTHOTISTS | 4 | 36 | | 247.07 | 6.86 | .003 | 61.77 | .02 |
| PROSTHETICS | 4 | 36 | | 247.07 | 6.86 | .003 | 61.77 | .02 |
| ORTHOTICS | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| PSYCHOLOGIST | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| SPEECH AND AUDIOLOGY | 29 | 56 | | 8,387.92 | 149.78 | .004 | 289.24 | .61 |
| HOSPICE SERVICES | 11 | 231 | | 25,739.40 | 111.43 | .017 | 2339.95 | 1.88 |
| NONINST BIRTHING CENTERS | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| LOCAL EDUCATION AGENCIES | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| EPSDT SUPPLEMENTAL SERVICE | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| RESPIRATORY CARE PRACT. | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| PED SUBACUTE REHAB/WEANING | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER PROVIDERS | 1,297 | 36,928 | | 52,624.38 | 1.43 | 2.694 | 40.57 | 3.84 |
| @CALIF. CHILDREN SERVICES* | 0 | 0 | \$ | .00 | \$.00 | .000 | \$.00 | \$.00 |
| @XOVER EXCLUDING STATE HOSP** | 4,393 | 35 , 895 | \$ | 664,132.82 | \$ 18.50 | 2.618 | \$ 151.18 | \$ 48.45 |
| A* TOTATO IN THESE ITMES ADE CIV | EN VC V CEDV. | DATE THEODMATION | ттгм | ONIT V • | | | | |

^{0*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 965 FEE-FOR-SERVICE/DENTAL
SUMMARY OF SERVICES FOR CASH GRANT - BLIND AID CODE 20 03/14/05 MOP024 BUTTE COUNTY

MONIBULL V ALIEDACE

| | MON'THLY AV | | | | | | | | |
|-----------------------|-------------|------------------|----|--------------|--------------|------------|------------|-----------|--|
| 2,631 ELIGIBLES | USERS | UNITS OF SERVICE | € | EXPENDITURES | AVERAGE COST | UNITS/DAYS | COST PER | COST PER | |
| | | OR DAYS OF CARE | € | | PER UNIT/DAY | PER ELIG | USER | ELIGIBLE | |
| @TOTAL, ALL PROVIDERS | 2,139 | 118,833 | \$ | 2,171,752.17 | \$ 18.28 | 45.166 | \$ 1015.31 | \$ 825.45 | |
| @PHYSICIANS SERVICES | 583 | 2,920 | \$ | 56,376.68 | \$ 19.31 | 1.110 | \$ 96.70 | \$ 21.43 | |
| OUTPATIENT VISITS | 205 | 310 | | 11,423.79 | 36.85 | .118 | 55.73 | 4.34 | |
| OFFICE VISITS | 165 | 247 | | 7,897.07 | 31.97 | .094 | 47.86 | 3.00 | |
| HOME VISITS | 0 | 0 | | .00 | .00 | .000 | .00 | .00 | |
| EMERGENCY ROOM | 34 | 53 | | 3,222.36 | 60.80 | .020 | 94.78 | 1.22 | |
| PREVENTIVE CARE | 0 | 0 | | .00 | .00 | .000 | .00 | .00 | |
| OB VISITS/COMPRE PERI | 0 | 0 | | .00 | .00 | .000 | .00 | .00 | |
| OTHER OUTPATIENT | 10 | 10 | | 304.36 | 30.44 | .004 | 30.44 | .12 | |
| INPATIENT VISITS | 43 | 120 | | 4,806.06 | 40.05 | .046 | 111.77 | 1.83 | |
| HOSPITAL VISITS | 24 | 92 | | 4,015.96 | 43.65 | .035 | 167.33 | 1.53 | |
| CRITICAL CARE | 2 | 3 | | 364.80 | 121.60 | .001 | 182.40 | .14 | |

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

| SNF/ICF/TRANS IP CARE | 19 | 25 | 425.30 | 17.01 | .010 | 22.38 | .16 |
|----------------------------|-------|-----------------|--------------------------|--------|--------|--------------|--------------|
| OPHTHALMOLOGICAL SERVICES | 25 | 26 | 1,010.21 | 38.85 | .010 | 40.41 | .38 |
| EXAMINATIONS | 25 | 26 | 1,010.21 | 38.85 | .010 | 40.41 | .38 |
| SERVICES AND MATERIALS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| INPATIENT HOSPITAL SURGERY | 8 | 54 | 4,910.06 | 90.93 | .021 | 613.76 | 1.87 |
| PRINCIPAL SURGEON | 6 | 23 | 4,423.35 | 192.32 | .009 | 737.23 | 1.68 |
| ASSISTANT SURGEON | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ANESTHESIOLOGIST | 3 | 31 | 486.71 | 15.70 | .012 | 162.24 | .18 |
| OUTPATIENT SURGERY | 43 | 190 | 11,284.68 | 59.39 | .072 | 262.43 | 4.29 |
| PRINCIPAL SURGEON | 32 | 41 | 8,591.53 | 209.55 | .016 | 268.49 | 3.27 |
| ASSISTANT SURGEON | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ANESTHESIOLOGIST | 15 | 149 | 2,693.15 | 18.07 | .057 | 179.54 | 1.02 |
| DIALYSIS | 10 | 15 | 3,207.16 | 213.81 | .006 | 320.72 | 1.22 |
| PATHOLOGY | 17 | 28 | 712.26 | 25.44 | .011 | 41.90 | .27 |
| RADIOLOGY | 123 | 216 | 5,474.05 | 25.34 | .082 | 44.50 | 2.08 |
| PSYCHIATRY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| IMMUNIZATION AND INJECTION | 10 | 1,156 | 1,781.70 | 1.54 | .439 | 178.17 | .68 |
| OTHER SERVICES/ALL X-OVERS | 285 | 805 | 11,766.71 | 14.62 | .306 | 41.29 | 4.47 |
| @PHARMACY | 1,706 | 53 , 377 | \$. , | \$ | 20.288 | \$ 511.63 | \$ 331.75 |
| PRESCRIPTION DRUGS | 1,662 | 8,681 | 807 , 938.59 | 93.07 | 3.300 | 486.12 | 307.08 |
| SNF/ICF | 43 | 311 | 16,998.85 | 54.66 | .118 | 395.32 | 6.46 |
| OUTPATIENTS | 1,621 | 8 , 370 | 790 , 939.74 | 94.50 | 3.181 | 487.93 | 300.62 |
| MEDICAL SUPPLIES | 375 | 44,696 | 64 , 897.99 | 1.45 | 16.988 | 173.06 | 24.67 |
| @DENTIST | 88 | 452 | \$ 15 , 116.95 | \$ | .172 | \$ 171.78 | \$ 5.75 |
| VISITS - DIAGNOSTIC | 70 | 289 | 3 , 732.85 | 12.92 | .110 | 53.33 | 1.42 |
| ORAL SURGERY | 12 | 23 | 1,366.10 | 59.40 | .009 | 113.84 | .52 |
| DRUGS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ANESTHESIA | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PERIODONTICS | 8 | 13 | 1,254.00 | 96.46 | .005 | 156.75 | .48 |
| ENDODONTICS | 7 | 8 | 2,270.00 | 283.75 | .003 | 324.29 | .86 |
| RESTORATIVE DENTISTRY | 28 | 73 | 3,796.00 | 52.00 | .028 | 135.57 | 1.44 |
| PROSTHETICS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| | | | | | | | |

| DENTURES, STAYPLATES | 9 | 38 | 2,698.00 | 71.00 | .014 | 299.78 | 1.03 |
|----------------------------|------------------------|---------------|-------------------------|----------|---------------|--------|----------|
| SPACE MAINTAINERS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| MAXILLOFACIAL SERVICES | 1 | 1 | .00 | .00 | .000 | .00 | .00 |
| FRACTURES, DISLOCATIONS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ORTHODONTIC SERVICES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER SERVICES | 3 | 7 | .00 | .00 | .003 | .00 | .00 |
| #CALIF DEPT OF HEALTH SERV | MEDI-CAL SERVICES AND | EXPENDITURES | MONTH-OF-PAYMENT REPORT | FOR JAN | 2004 THRU DEC | 2004 | PAGE 966 |
| MOP024 | FEE-FOR-SERVICE/DENTAI | Ĺ | | | | | 03/14/05 |
| BUTTE COUNTY | SUMMARY OF SERVICES FO | OR CASH GRANT | T - BLIND | AID CODE | 20 | | |

----- MONTHLY AVERAGE -----AVERAGE COST UNITS/DAYS COST PER COST PER 2,631 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE @OPTOMETRIST 53 118 \$ 4,820.40 \$ 40.85 .045 \$ 90.95 \$ 1.83 DIAGNOSTIC AND ANC. PROCED 21 22 1,043.03 47.41 .008 49.67 EYE APPLIANCES 32 3,566.97 42.46 .032 111.47 1.36 8 12 17.53 .005 26.30 OTHER OPTOMETRIC SERVICES 210.40 .08 0 @CHIROPRACTOR Ω .00 \$.00 .000 \$.00 \$.00 0 .00 .00 .00 VISITS .000 .00 .00 0 .00 .00 OTHER SERVICES .000 53 855.05 \$ 16.13 .020 \$ 18.59 \$ @PODIATRIST 13 415.90 MEDICINE/INJECTIONS 12 31.99 .005 34.66 .16 0 0 .00 SURGERY/ANES. .00 .000 RADIO./PATHOLOGY 51.90 17.30 .001 25.95 10.47 37 387.25 .014 11.39 OTHER .15 757 @HOME HEALTH AGENCY 20 20,146.79 \$ 26.61 .288 \$ 1007.34 \$ 7.66 3 23 \$ 66.59 \$ NURSE ANESTHESIST 199.78 \$ 8.69 .009 \$ 0 \$.00 \$.00 .000 \$.00 \$ NURSE MIDWIFE . 00 .00 \$.00 .00 \$.000 \$ PEDIATRIC NURSE PRACTITIONER 26 \$.010 \$ FAMILY NURSE PRACTITIONER 14 522.32 \$ 20.09 37.31 \$ 2,621 \$ @TOTAL HOSPITAL 511 409,841.15 \$ 156.37 802.04 \$ 155.77 49 HOSP INPATIENT TOTAL 161 343,886.27 7018.09 130.71 Ο 0 HSC HOSPITALS .00 .00 30 328,257.09 NON-HSC HOSPITAL TOTAL 161 10941.90 124.77 3.0 ACCOMMODATIONS 161 101,080.92 3369.36 38.42 .00 0 0 .00 .00 ADMINISTRATIVE DAYS TRANSITIONAL IP CARE 0 0 .00 .00 .00 ALL OTHER ACCOM 30 161 3369.36 101,080.92 38.42 .000 7572.54 30 0 227,176.17 86.35 ANCILLARIES 822.59 19 0 15,629.18 5.94 INPATIENT CROSSOVERS 0 ALL OTHER INPATIENT 0 .00 .00 .00 493 2,460 65,954.88 HOSP OUTPATIENT TOTAL 133.78 25.07 150 333 MEDICAL 16,745.28 111.64 6.36 35 SURGERY 30 1,986.48 66.22 .76 140 542 7,307.36 PATHOLOGY .046 100.64 RADIOLOGY 82 121 8,252.17 68.20 3.14 150 347 14,297.71 41.20 .132 95.32 ROOM USE CROSSOVERS/ALL OTH OUTPINT 285 1,082 17,365.88 16.05 .411 60.93 0 @COUNTY HOSPITAL TOTAL 0 .00 \$.00 .000 \$.00 \$.00 CO HOSPITAL INPATIENT TOTAL Ω .00 .00 .000 .00 . 00 .00 .00 HSC HOSPITALS .00 .000 .00 NON-HSC HOSPITALS TOTAL .00 .00 .000 .00 .00 ACCOMMODATIONS .00 .000 .00 . 00 .00 .00 .000 ADMINISTRATIVE DAYS TRANSITIONAL IP CARE .00 .00 .000 .00 .00 .00 .00 ALL OTHER ACCOM .00 .000 .00 ANCILLARIES .00 .00 .000 .00

| INPATIENT CROSSOVERS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
|----------------------------|-----------------------|---------------|-------------------------|----------|---------------|------|----------|
| ALL OTHER INPATIENT | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| CO HOSP OUTPATIENT TOTAL | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| MEDICAL | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| SURGERY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PATHOLOGY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| RADIOLOGY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ROOM USE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| CROSSOVERS/ALL OTH OUTPTNT | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| #CALIF DEPT OF HEALTH SERV | MEDI-CAL SERVICES AND | EXPENDITURES | MONTH-OF-PAYMENT REPORT | FOR JAN | 2004 THRU DEC | 2004 | PAGE 967 |
| MOP024 | FEE-FOR-SERVICE/DENTA | _ | | | | | 03/14/05 |
| BUTTE COUNTY | SUMMARY OF SERVICES F | OR CASH GRANT | - BLIND | AID CODE | E 20 | | |

| | | | | | MON | THLY AVERA | AGE |
|-----------------------------|-------|------------------|--------------|--------------|-------|------------|-----------|
| 2,631 ELIGIBLES | USERS | UNITS OF SERVICE | EXPENDITURES | AVERAGE COST | | COST PER | COST PER |
| , | | OR DAYS OF CARE | | PER UNIT/DAY | | USER | ELIGIBLE |
| @COMMUNITY HOSPITAL TOTAL | 511 | 2,621 \$ | 409,841.15 | \$ 156.37 | .996 | 802.04 | \$ 155.77 |
| COMM HOSP INPATIENT TOTAL | 49 | 161 | 343,886.27 | 2135.94 | .061 | 7018.09 | 130.71 |
| HSC HOSPITALS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| NON-HSC HOSPITALS TOTAL | 30 | 161 | 328,257.09 | 2038.86 | .061 | 10941.90 | 124.77 |
| ACCOMMODATIONS | 30 | 161 | 101,080.92 | 627.83 | .061 | 3369.36 | 38.42 |
| ADMINISTRATIVE DAYS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| TRANSITIONAL IP CARE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER ACCOM | 30 | 161 | 101,080.92 | 627.83 | .061 | 3369.36 | 38.42 |
| ANCILLARIES | 30 | | 227,176.17 | .00 | .000 | 7572.54 | 86.35 |
| INPATIENT CROSSOVERS | 19 | 0 | 15,629.18 | .00 | .000 | 822.59 | 5.94 |
| ALL OTHER INPATIENT | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| COMM HOSP OUTPATIENT TOTAL | 493 | 2,460 | 65,954.88 | 26.81 | .935 | 133.78 | 25.07 |
| MEDICAL | 150 | 333 | 16,745.28 | 50.29 | .127 | 111.64 | 6.36 |
| SURGERY | 30 | 35 | 1,986.48 | 56.76 | .013 | 66.22 | .76 |
| PATHOLOGY | 140 | 542 | 7,307.36 | 13.48 | .206 | 52.20 | 2.78 |
| RADIOLOGY | 82 | 121 | 8,252.17 | 68.20 | .046 | 100.64 | 3.14 |
| ROOM USE | 150 | 347 | 14,297.71 | 41.20 | .132 | 95.32 | 5.43 |
| CROSSOVERS/ALL OTH OUTPTNT | 285 | 1,082 | 17,365.88 | 16.05 | .411 | 60.93 | 6.60 |
| @STATE HOSPITAL | 0 | 0 \$ | .00 | \$.00 | .000 | | \$.00 |
| MENTALLY ILL | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| DEVELOP. DISABLED | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| @NURSING FACILITY | 44 | 1,018 \$ | 153,722.70 | \$ 151.00 | .387 | | |
| LEV A-INTERMEDIATE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| LEV B-REHAB MD | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| LEV B-SUBACUTE FREESTANDING | Ō | 0 | .00 | .00 | .000 | .00 | .00 |
| LEV B-SUBACUTE HSPTL BASED | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| LEV B-TRANSITIONAL IP CARE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| LEV B-REGULAR | 44 | 1,018 | 153,722.70 | 151.00 | .387 | 3493.70 | 58.43 |
| @INTERMEDIATE CARE FACILDD | 50 | 1,484 \$ | 308,711.52 | \$ 208.03 | .564 | 6174.23 | \$ 117.34 |
| ICF DDH | 3 | 68 | 13,527.92 | 198.94 | .026 | 4509.31 | 5.14 |
| ICF DD | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ICF DDN/DDCN | 47 | 1,416 | 295,183.60 | 208.46 | .538 | 6280.50 | 112.19 |
| @HEMODIALYSIS TOTAL | 43 | 2,633 \$ | 55,951.99 | \$ 21.25 | | 1301.21 | \$ 21.27 |
| HOSPITAL BASED | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| HEMODIALYSIS CENTER | 43 | 2,633 | 55,951.99 | 21.25 | 1.001 | 1301.21 | 21.27 |
| @REHABILITATION FACILITY | 38 | 384 \$ | 6,472.57 | \$ 16.86 | .146 | 170.33 | \$ 2.46 |
| HOSPITAL BASED | 7 | 32 | 787.40 | 24.61 | .012 | 112.49 | .30 |
| INDEPENDENT FACILITY | 31 | 352 | 5,685.17 | 16.15 | .134 | 183.39 | 2.16 |
| @LABORATORY FACILITY | 82 | 344 \$ | 5,013.61 | \$ 14.57 | .131 | 61.14 | \$ 1.91 |
| PATHOLOGY | 79 | 338 | 4,992.24 | 14.77 | .128 | 63.19 | 1.90 |
| XO AND OTHERS | 3 | 6 | 21.37 | 3.56 | .002 | 7.12 | .01 |
| | | | | | | | |

| @ORGANIZED OUTPATIENT CLINIC | | 928 \$ | 99,391.47 | | | | \$ 208.37 | | 37.78 |
|---|--------------------------|---|---|----------|-----------|-----------|-------------------------|------|----------|
| CLINIC | 15 | 45 | 2,861.78 | 6 | 3.60 | .017 | 190.79 | | 1.09 |
| CLINIC SURGICENTER HEROIN DETOX CLINIC RURAL HEALTH CLINIC #CALIF DEPT OF HEALTH SERV | 5 | 23 | 1,255.97 | 5 | 4.61 | .009 | 251.19 .00 | | .48 |
| HEROIN DETOX CLINIC | 0 | 0 | .00 | | .00 | .000 | .00 | | .00 |
| RURAL HEALTH CLINIC | 459 | 860 | 95,273.72 | 11 | 0.78 | .327 | 207.57 | | 36.21 |
| #CALIF DEPT OF HEALTH SERV | MEDI-CAL SERVIC | ES AND EXPENDITURES | MONTH-OF-PAYMENT R | EPORT FO | R JAN 20 | 04 THRU D | DEC 2004 | PA | GE 968 |
| MOP024 | FEE-FOR-SERVICE | /DENTAL | | | | | | | 03/14/05 |
| BUTTE COUNTY | SUMMARY OF SERV | ICES FOR CASH GRANT | - BLIND | AI | D CODE 2 | 0 | | | , , , |
| | | | | | _ | MC | NTHLY AVERA | GE - | |
| 2,631 ELIGIBLES | USERS | UNITS OF SERVICE | EXPENDITURES | AVERAG | | | | | OST PER |
| 2,001 221012220 | 00210 | OR DAYS OF CARE | | | | PER ELIG | | | LIGIBLE |
| GALL OTHER PROVIDERS | 478 | 51,695 \$ | | | | | \$ 338.44 | | |
| DURABLE MED FOULD | 33 | 118 | 27 874 91 | 7 23 | 16 23 | 045 | 844 69 | ٧ | 10.59 |
| BIOOD BANK | 0 | 0 | 27,874.91 .00 8,157.17 25,414.63 | 23 | 00.23 | 000 | 00 | | .00 |
| DECOD DANK | 4.0 | 0.5 | 0 157 17 | 0 | .00 | .000 | 166 47 | | 3.10 |
| MEDICAL TRANSPORTATION | 116 | 1 916 | 25 /1/ 62 | O | 5 24 | 1 0/12 | 210 .47 | | 9.66 |
| MEDICAL INANSPORTATION | 110 | 4,040 | 25,414.05 | 2 | 1 02 | 1.042 | 122.03 | | 2.01 |
| AMBULANCES/AIR TRANS | 40 | 25Z | 3,297.09 | | 1 10 | 1 725 | 132.43 | | 7.64 |
| OTHER TRANS | 80 | 4,363 | 5,297.09 20,089.03 28.51 | | 4.40 | 1./35 | 251.11 | | 7.64 |
| OTHER SERVICES | 2 | 29 | 28.51 | | .98 | .011 | 14.26 | | .01 |
| 2,631 ELIGIBLES @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER TRANS OTHER SERVICES ACUPUNCTURE ADULT DAY HEALTH CARE CTR GENETIC DISEASE TESTING | U | 0 | .00 | _ | .00 | .000 | .00 1322.02 | | .00 |
| ADULT DAY HEALTH CARE CTR | 8 | 152 | 10,576.16 | 6 | 9.58 | .058 | 1322.02 | | 4.02 |
| GENETIC DISEASE TESTING | 0 | 0 | .00 | | .00 | .000 | .00 836.48 | | .00 |
| IHMC, MODEL-NF, NF, AIDS, MSSP | 64 | 1 , 559 | 53,534.99 | 3 | 34.34 | .593 | 836.48 | | 20.35 |
| OCCUPATIONAL THERAPIST | 0 | 0 | .00 | | .00 | .000 | .00 | | .00 |
| OPTICIAN | 37 | 84 | 3,903.59 | 4 | 6.47 | .032 | 105.50 | | 1.48 |
| PHYSICAL THERAPIST | 3 | 26 | 402.13 | 1 | 5.47 | .010 | .00 105.50 134.04 | | .15 |
| ADULT DAY HEALTH CARE CTR GENETIC DISEASE TESTING IHMC, MODEL-NF, NF, AIDS, MSSP OCCUPATIONAL THERAPIST OPTICIAN PHYSICAL THERAPIST PORTABLE X-RAY PROSTHETIST/ORTHOTISTS PROSTHETICS ORTHOTICS PSYCHOLOGIST SPEECH AND AUDIOLOGY HOSPICE SERVICES NONINST BIRTHING CENTERS LOCAL EDUCATION AGENCIES EPSDT SUPPLEMENTAL SERVICE RESPIRATORY CARE PRACT. | 1 | 51,695 \$ 118 0 95 4,846 252 4,565 29 0 1,559 0 84 26 1 22 21 1 10 15 15 0 1,677 0 0 43,075 962 \$ 5,160 \$ | .61 | | .61 | .000 | .61 | | .00 |
| PROSTHETIST/ORTHOTISTS | 11 | 22 | 2,986.54 | 13 | 55.75 | .008 | 271.50 | | 1.14 |
| PROSTHETICS | 10 | 21 | 2,944.54 | 14 | 0.22 | .008 | 294.45 | | 1.12 |
| ORTHOTICS | 1 | 1 | 42.00 | 4 | 2.00 | .000 | 42 00 | | .02 |
| PSYCHOLOGIST | 3 | 10 | 693.40 | 6 | 9.34 | .004 | 231.13 | | .26 |
| SPEECH AND AUDIOLOGY | 8 | 15 | 830.16 | 5 | 5.34 | .006 | 103.77 | | .32 |
| HOSPICE SERVICES | 1 | 15 | 1,704.30 | 11 | 3.62 | .006 | 103.77 1704.30 | | .65 |
| NONINST BIRTHING CENTERS | 0 | 0 | .00 | | .00 | .000 | .00 | | .00 |
| LOCAL EDUCATION AGENCIES | 37 | 1.677 | 12.306.98 | | 7.34 | . 637 | .00 332.62 .00 | | 4.68 |
| EPSDT SUPPLEMENTAL SERVICE | 0 | -, | -00 | | .00 | .000 | .00 | | .00 |
| RESPIRATORY CARE PRACT. | 0 | 0 | 0.0 | | 0.0 | 000 | 0.0 | | .00 |
| PED SUBACUTE REHAB/WEANING | 0 | 0 | 0.0 | | 00 | .000 | .00 | | .00 |
| ALL OTHER PROVIDERS | 196 | 43 075 | 13 387 04 | | 31 | 16 372 | 68.30 | | |
| @CALIF. CHILDREN SERVICES* | 0 0 0 196 83 | 962 \$ | 58 942 13 | \$ 6 | 1 27 | 366 | \$ 710.15 | | |
| @XOVER EXCLUDING STATE HOSP* | 4 486 | 5 , 160 \$ | 105,807.73 | \$ 2 | n 51 | 1 961 | \$ 217.71 | | 40.22 |
| @* TOTALS IN THESE LINES ARE | CIVEN AC A CEDAE | O, 100 Y | ONIT V. | 7 2 | .0.51 | 1.901 | 7 217.71 | Ÿ | 40.22 |
| THE AMOUNTS ARE ALREADY IN | OIVER TED IT DELITE | dith theoremitton tibes | ONET, | | | | | | |
| | | | | | | | | | |
| ** THESE DATA ARE INCLUDED | | | | | | 0.4 | 20004 | - | 0.00 |
| #CALIF DEPT OF HEALTH SERV | | ES AND EXPENDITURES | MONTH-OF-PAYMENT F | EPORT FO | OR JAN 20 | 04 THRU L | DEC 2004 | PA | |
| MOP024 | FEE-FOR-SERVICE | | | | | Ō | | | 03/14/05 |
| BUTTE COUNTY | SUMMARY OF SERV | ICES FOR CASH GRANT | - DISABLED | AI | D CODE 6 | | | | |
| | | | | | | | ONTHLY AVERA | | |
| 108,064 ELIGIBLES | USERS | UNITS OF SERVICE | EXPENDITURES | | | | COST PER | | OST PER |
| | | OR DAYS OF CARE | | | IIT/DAY | | USER | | LIGIBLE |
| @TOTAL, ALL PROVIDERS | 94,662 | 2,027,751 \$ | 78,968,137.51 | | 88.94 | 18.764 | | | 730.75 |
| @PHYSICIANS SERVICES | 22 , 997 | 80 , 455 \$ | 2,828,153.31 | | 5.15 | .745 | | \$ | 26.17 |
| OUTPATIENT VISITS | 8,246 | 11,196 | 433,190.47 | | 88.69 | .104 | 52.53 | | 4.01 |
| OFFICE VISITS | 6 , 553 | 8,606 | 285,069.94 | 3 | 3.12 | .080 | 43.50 | | 2.64 |
| HOME VISITS | 27 | 36 | 1,849.00 | 5 | 1.36 | .000 | 68.48 | | .02 |
| EMERGENCY ROOM | 1,410 | 1,914 | 119,642.13 | 6 | 2.51 | .018 | 84.85 | | 1.11 |
| | • | • | • | | | | | | |

| PREVENTIVE CARE | 1 | 1 | | 35.77 | | 35.77 | .000 | | 35.77 | | .00 |
|----------------------------|-----------------|---------------------|-----|---------------------|-------|-------------|-----------|-----|-----------|------|----------|
| OB VISITS/COMPRE PERI | 66 | 87 | | 9,241.31 | | 106.22 | .001 | | 140.02 | | .09 |
| OTHER OUTPATIENT | 484 | 552 | | 17,352.32 | | 31.44 | .005 | | 35.85 | | .16 |
| INPATIENT VISITS | 1,894 | 9,089 | | 397 , 972.80 | | 43.79 | .084 | | 210.12 | | 3.68 |
| HOSPITAL VISITS | 1,615 | 8,186 | | 319,452.61 | | 39.02 | .076 | | 197.80 | | 2.96 |
| CRITICAL CARE | 146 | 505 | | 68,163.10 | | 134.98 | .005 | | 466.87 | | .63 |
| SNF/ICF/TRANS IP CARE | 269 | 398 | | 10,357.09 | | 26.02 | .004 | | 38.50 | | .10 |
| OPHTHALMOLOGICAL SERVICES | 801 | 915 | | 36,793.10 | | 40.21 | .008 | | 45.93 | | .34 |
| EXAMINATIONS | 796 | 910 | | 36,693.10 | | 40.32 | .008 | | 46.10 | | .34 |
| SERVICES AND MATERIALS | 5 | 5 | | 100.00 | | 20.00 | .000 | | 20.00 | | .00 |
| INPATIENT HOSPITAL SURGERY | 835 | 5,201 | | 432,821.50 | | 83.22 | .048 | | 518.35 | | 4.01 |
| PRINCIPAL SURGEON | 652 | 1,019 | | 346,726.27 | | 340.26 | .009 | | 531.79 | | 3.21 |
| ASSISTANT SURGEON | 90 | 91 | | 18,015.10 | | 197.97 | .001 | | 200.17 | | .17 |
| ANESTHESIOLOGIST | 258 | 4,091 | | 68,080.13 | | 16.64 | .038 | | 263.88 | | .63 |
| OUTPATIENT SURGERY | 1,635 | 5,104 | | 390,106.90 | | 76.43 | .047 | | 238.60 | | 3.61 |
| | 1,386 | 1,851 | | 337,359.10 | | 182.26 | .017 | | 243.40 | | 3.12 |
| PRINCIPAL SURGEON | 1,300 | 1,031 | | | | 93.38 | | | 93.38 | | .01 |
| ASSISTANT SURGEON | | | | 1,494.08 | | | .000 | | | | |
| ANESTHESIOLOGIST | 327 | 3,237 | | 51,253.72 | | 15.83 | .030 | | 156.74 | | .47 |
| DIALYSIS | 81 | 251 | | 21,532.19 | | 85.79 | .002 | | 265.83 | | .20 |
| PATHOLOGY | 981 | 2,293 | | 62,397.83 | | 27.21 | .021 | | 63.61 | | .58 |
| RADIOLOGY | 7,829 | 15,621 | | 483,818.60 | | 30.97 | | | 61.80 | | 4.48 |
| PSYCHIATRY | 5 | 7 | | 383.11 | | 54.73 | .000 | | 76.62 | | .00 |
| IMMUNIZATION AND INJECTION | 395 | 8 , 206 | | 105,920.01 | | 12.91 | .076 | | 268.15 | | .98 |
| OTHER SERVICES/ALL X-OVERS | 8,943 | 22,572 | | 463,216.80 | | 20.52 | .209 | | 51.80 | | 4.29 |
| @PHARMACY | 75,861 | 934,701 \$ | | 38,437,350.92 | \$ | | 8.650 | \$ | | \$ | 355.69 |
| PRESCRIPTION DRUGS | 74,743 | 373 , 728 | | 37,036,691.74 | | 99.10 | 3.458 | | 495.52 | | 342.73 |
| SNF/ICF | 1,040 | 8,919 | | 750,678.15 | | 84.17 | .083 | | 721.81 | | 6.95 |
| OUTPATIENTS | 73 , 850 | 364,809 | | 36,286,013.59 | | 99.47 | 3.376 | | 491.35 | | 335.78 |
| MEDICAL SUPPLIES | 9,290 | 560,973 | | 1,400,659.18 | | 2.50 | 5.191 | | 150.77 | | 12.96 |
| @DENTIST | 4,101 | 18,634 \$ | | 774,865.42 | \$ | | .172 | \$ | 188.95 | \$ | 7.17 |
| VISITS - DIAGNOSTIC | 2,760 | 11,124 | | 145,454.16 | | 13.08 | .103 | • | 52.70 | | 1.35 |
| ORAL SURGERY | 667 | 1,936 | | 101,019.55 | | 52.18 | .018 | | 151.45 | | .93 |
| DRUGS | 16 | 16 | | 300.00 | | 18.75 | .000 | | 18.75 | | .00 |
| ANESTHESIA | 25 | 28 | | 2,220.00 | | 79.29 | .000 | | 88.80 | | .02 |
| PERIODONTICS | 265 | 288 | | 30,346.00 | | 105.37 | .003 | | 114.51 | | .28 |
| ENDODONTICS | 300 | 461 | | 108,608.00 | | 235.59 | .004 | | 362.03 | | 1.01 |
| RESTORATIVE DENTISTRY | 1 , 169 | 3,241 | | 217,437.25 | | 67.09 | .030 | | 186.00 | | 2.01 |
| PROSTHETICS | 31 | 3,241 | | 885.00 | | 28.55 | .000 | | 28.55 | | .01 |
| | 427 | 1,218 | | 151,966.30 | | 124.77 | | | 355.89 | | 1.41 |
| DENTURES, STAYPLATES | 4 ∠ / 4 | • | | • | | | .011 | | | | .01 |
| SPACE MAINTAINERS | 10 | 5 | | 831.00 | | 166.20 | .000 | | 207.75 | | |
| MAXILLOFACIAL SERVICES | | 11 | | 3,898.84 | | 354.44 | .000 | | 389.88 | | .04 |
| FRACTURES, DISLOCATIONS | 1 | 2 | | 444.32 | | 222.16 | .000 | | 444.32 | | .00 |
| ORTHODONTIC SERVICES | 99 | 136 | | 11,230.00 | | 82.57 | .001 | | 113.43 | | .10 |
| ALL OTHER SERVICES | 88 | 137 | | 225.00 | | 1.64 | .001 | | 2.56 | | .00 |
| #CALIF DEPT OF HEALTH SERV | | ES AND EXPENDITURES | MC | NTH-OF-PAYMENT RE | EPOR' | r for jan 2 | 2004 THRU | DEC | 2004 | PF | AGE 970 |
| MOP024 | FEE-FOR-SERVICE | | | | | | | | | | 03/14/05 |
| BUTTE COUNTY | SUMMARY OF SERV | VICES FOR CASH GRAN | Т - | DISABLED | | AID CODE | 60 | | | | |
| | | | | | | | M | ONT | HLY AVERA | GE - | |
| 108,064 ELIGIBLES | USERS | UNITS OF SERVICE | | EXPENDITURES | AVI | ERAGE COST | UNITS/DAY | S (| COST PER | | COST PER |
| | | OR DAYS OF CARE | | | PEI | R UNIT/DAY | PER ELIG | | USER | E | LIGIBLE |
| @OPTOMETRIST | 2,987 | 8,126 \$ | | 168,198.79 | \$ | 20.70 | .075 | \$ | 56.31 | \$ | 1.56 |
| DIAGNOSTIC AND ANC. PROCED | 1,344 | 1,412 | | 58,715.57 | | 41.58 | .013 | | 43.69 | | .54 |
| EYE APPLIANCES | 2,253 | 6,344 | | 102,196.82 | | 16.11 | .059 | | 45.36 | | .95 |
| OTHER OPTOMETRIC SERVICES | 274 | 370 | | 7,286.40 | | 19.69 | .003 | | 26.59 | | .07 |
| @CHIROPRACTOR | 353 | 653 \$ | | 10,529.51 | \$ | 16.12 | .006 | Ś | 29.83 | Ś | .10 |
| VISITS | 334 | 631 | | 10,203.38 | 7 | 16.17 | .006 | Y | 30.55 | ~ | .09 |
| ^ TOTIO | 224 | 0.2.1 | | 10,203.30 | | T (• T / | .000 | | 50.55 | | • 0 9 |

| OTHER SERVICES | 19 | 22 | 326.13 | 14.82 | .000 | 17.16 | .00 |
|------------------------------|-----------------|-----------------|---------------------|--------------|-------|---------------|--------------|
| @PODIATRIST | 919 | 1,637 | \$ 23,146.15 | \$ 14.14 | .015 | \$ 25.19 | \$.21 |
| MEDICINE/INJECTIONS | 358 | 402 | 10,493.01 | 26.10 | .004 | 29.31 | .10 |
| SURGERY/ANES. | 3 | 5 | 184.30 | 36.86 | .000 | 61.43 | .00 |
| RADIO./PATHOLOGY | 26 | 34 | 589.92 | 17.35 | .000 | 22.69 | .01 |
| OTHER | 557 | 1,196 | 11,878.92 | 9.93 | .011 | 21.33 | .11 |
| @HOME HEALTH AGENCY | 651 | 33 , 399 | \$ 1,077,280.96 | \$ 32.25 | .309 | \$ 1654.81 | \$ 9.97 |
| NURSE ANESTHESIST | 184 | 2,224 | \$ 22,070.83 | \$ 9.92 | .021 | \$ 119.95 | \$.20 |
| NURSE MIDWIFE | 123 | 810 | \$ 18,900.27 | \$ 23.33 | .007 | \$ 153.66 | \$.17 |
| PEDIATRIC NURSE PRACTITIONER | 1 | 1 | \$ 18.10 | \$ 18.10 | .000 | \$ 18.10 | \$.00 |
| FAMILY NURSE PRACTITIONER | 757 | 1,598 | \$ 25,128.99 | \$ 15.73 | .015 | \$ 33.20 | \$.23 |
| @TOTAL HOSPITAL | 24,494 | 132,159 | \$ 21,246,467.60 | \$ 160.76 | 1.223 | \$ 867.42 | \$ 196.61 |
| HOSP INPATIENT TOTAL | 2,042 | 8,752 | 17,492,928.93 | 1998.74 | .081 | 8566.57 | 161.88 |
| HSC HOSPITALS | 153 | 1,278 | 1,868,727.60 | 1462.23 | .012 | 12213.91 | 17.29 |
| NON-HSC HOSPITAL TOTAL | 1,368 | 7,474 | 15,162,685.89 | 2028.72 | .069 | 11083.83 | 140.31 |
| ACCOMMODATIONS | 1,367 | 7,474 | 4,754,357.18 | 636.12 | .069 | 3477.95 | 44.00 |
| ADMINISTRATIVE DAYS | 3 | 26 | 5,194.46 | 199.79 | .000 | 1731.49 | .05 |
| TRANSITIONAL IP CARE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER ACCOM | 1,364 | 7,448 | 4,749,162.72 | 637.64 | .069 | 3481.79 | 43.95 |
| ANCILLARIES | 1,368 | 0 | 10,408,328.71 | .00 | .000 | 7608.43 | 96.32 |
| INPATIENT CROSSOVERS | 547 | 0 | 461,515.44 | .00 | .000 | 843.72 | 4.27 |
| ALL OTHER INPATIENT | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| HOSP OUTPATIENT TOTAL | 23,835 | 123,407 | 3,753,538.67 | 30.42 | 1.142 | 157.48 | 34.73 |
| MEDICAL | 9,084 | 17 , 871 | 936,548.64 | 52.41 | .165 | 103.10 | 8.67 |
| SURGERY | 1,462 | 1 , 757 | 87 , 541.93 | 49.82 | .016 | 59.88 | .81 |
| PATHOLOGY | 8 , 658 | 38,844 | 507,001.74 | 13.05 | .359 | 58.56 | 4.69 |
| RADIOLOGY | 5 , 508 | 8,671 | 676 , 153.47 | 77.98 | .080 | 122.76 | 6.26 |
| ROOM USE | 9,090 | 15 , 121 | 599 , 805.10 | 39.67 | .140 | 65.99 | 5.55 |
| CROSSOVERS/ALL OTH OUTPTNT | 12 , 054 | 41,143 | 946,487.79 | 23.00 | .381 | 78.52 | 8.76 |
| @COUNTY HOSPITAL TOTAL | 51 | 201 | \$, | \$ | .002 | \$ | \$.46 |
| CO HOSPITAL INPATIENT TOTAL | 5 | 23 | 44,609.88 | 1939.56 | .000 | 8921.98 | .41 |
| HSC HOSPITALS | 3 | 13 | 16,616.00 | 1278.15 | .000 | 5538.67 | .15 |
| | | | | | | | |

| NON HES HOSPIERIS BOERI | 2 | 1.0 | | 27 202 20 | 2700 20 | 0.00 | 12006 04 | | 2.0 |
|--|------------------|---|----------|---|---|-----------|--------------------------|----------|----------|
| NON-HSC HOSPITALS TOTAL | 2 | 10 | | 27,993.88 | 2799.39 | .000 | 13996.94 | | .26 |
| ACCOMMODATIONS | 2 | 10 | | 11,096.00 | 1109.60 | | 5548.00 | | .10 |
| ADMINISTRATIVE DAYS | 0 | 0 | | 11,096.00 .00 .00 11,096.00 16,897.88 .00 .00 4,641.82 606.42 312.66 850.46 786.27 1,306.36 | .00 | .000 | .00 | | .00 |
| TRANSITIONAL IP CARE | 0 | 0 | | .00 | .00 1109.60 | .000 | .00 | | .00 |
| ALL OTHER ACCOM | 2 | 10 | | 11,096.00 | 1109.60 | .000 | .00 5548.00 | | .10 |
| ANCILLARIES | 2 | _ 0 | | 16 897 88 | .00 | .000 | 8448.94 | | |
| INPATIENT CROSSOVERS | 0 | 0 | | 10,037.00 | .00 | | 00 | | .10 |
| INPATIENT CROSSOVERS | U | U | | .00 | .00 | .000 | .00 | | .00 |
| ALL OTHER INPATIENT CO HOSP OUTPATIENT TOTAL MEDICAL | Ü | 0 | | .00 | .00 | .000 | .00 100.91 35.67 | | .00 |
| CO HOSP OUTPATIENT TOTAL | 46 | 178 | | 4,641.82 | 26.08 31.92 | .002 | 100.91 | | .04 |
| MEDICAL | 17 | 19 | | 606.42 | 31.92 | .000 | 35.67 | | .01 |
| SURGERY | 4 14 | 6 | | 312.66 | 52.11 17.01 | .000 | 78.17 60.75 112.32 | | .00 |
| PATHOLOGY | 1 4 | 50 | | 850 46 | 17 01 | .000 | 60 75 | | .01 |
| RADIOLOGY | 7 | 1 2 | | 706 27 | 65.52 | .000 | 112 22 | | .01 |
| | 0.6 | 12 29 62 | | 1 206.27 | 45.05 | .000 | 112.32 | | .01 |
| ROOM USE | 26 | 29 | | 1,306.36 | 45.05 12.58 | .000 | 30.24 | | .01 |
| CROSSOVERS/ALL OTH OUTPINT | | | | | | | 33.90 | | .01 |
| #CALIF DEPT OF HEALTH SERV | MEDI-CAL SERVIC | ES AND EXPENDITUR | ES N | MONTH-OF-PAYMENT R | EPORT FOR JAN : | 2004 THRU | DEC 2004 | P | AGE 971 |
| MOP024 | FEE-FOR-SERVICE | /DENTAL | | | | | | | 03/14/05 |
| BUTTE COUNTY | | | TMA | - DISABLED | AID CODE | 60 | | | , , , |
| BOTTE COUNTY | SOLUTION OF SERV | | | 515115115 | 1110 0000 | | ONTHLY AVERA | CE | |
| 100 064 BITGIDIDG | Hanna | IINITEO OE GERIATOE | | | ATTERNACE COCE | | | | |
| 108,064 ELIGIBLES | USERS | UNITS OF SERVICE | | EXPENDITURES | AVERAGE COST | UNITS/DAY | S COST PER | | COST PER |
| | | OR DAYS OF CARE | | | PER UNIT/DAY | PER ELIG | USER | | ELIGIBLE |
| @COMMUNITY HOSPITAL TOTAL | 24 , 451 | 131 , 958 | \$ | 21,197,215.90 | \$ 160.64 | 1.221 | \$ 866.93 | \$ | 196.15 |
| COMM HOSP INPATIENT TOTAL | 2,038 | 8,729 | | 17,448,319.05 | 1998.89 1464.12 2027.69 635.49 199.79 | .081 | 8561.49 | | 161.46 |
| HSC HOSPITALS | 150 | 1.265 | | 1,852,111.60 | 1464.12 | .012 | 12347.41 | | 17.14 |
| | 1 366 | 1,265 7,464 | | 15,134,692.01 | 2027 69 | 069 | | | |
| ACCOMMODATIONS | 1,300 | 7,101 | | 4 742 261 10 | 2027.03 | .005 | 2474 02 | | 12.00 |
| ACCOMMODATIONS | 1,305 | 7,464 | | 4,/43,201.18 | 035.49 | .069 | 34/4.92 | | 43.89 |
| ADMINISTRATIVE DAYS | 3 | 26 | | 5,194.46 | 199.79 | .000 | 1/31.49 | | .05 |
| TRANSITIONAL IP CARE | 0 | 0 | | .00 | .00 | .000 | .00 | | .00 |
| ALL OTHER ACCOM | 1 , 362 | 7,438 | | 4,738,066.72 | 637.01 | .069 | 3478.76 | | 43.85 |
| ANCILLARIES | 1,366 | 0 | | 10,391,430.83 | .00 | .000 | 7607.20 | | 96.16 |
| INPATIENT CROSSOVERS | 547 | 0 | | 461-515-44 | 0.0 | 000 | 843 72 | | 4 27 |
| ALL ORDED INDARTENT | 0 17 | 0 | | 101,010.11 | 0.0 | 000 | 013.72 | | 00 |
| NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE | 22 706 | 122 220 | | 2 740 006 05 | .00 | 1 1 4 0 | 1 | | 24.60 |
| COMM HOSP OUTPATIENT TOTAL | 23,796 | 123,229 | | 3, /48, 896.85 | 30.42 | 1.140 | 157.54 | | 34.69 |
| MEDICAL | 9,068 | 17,852 | | 935,942.22 | 52.43 | .165 | 103.21 | | 8.66 |
| SURGERY | 1 , 458 | 1 , 751 | | 87 , 229.27 | 49.82 | .016 | 59.83 | | .81 |
| SURGERY PATHOLOGY RADIOLOGY ROOM USE CROSSOVERS/ALL OTH OUTPINT | 8,644 | 38,794 | | 506,151.28 | 13.05 | .359 | 58.56 | | 4.68 |
| RADIOLOGY | 5,502 | 8,659 | | 675,367.20 | 78.00 | .080 | 122.75 | | 6.25 |
| ROOM IISE | 9 066 | 15 092 | | 598,498.74 | 39 66 | .140 | 66.02 | | 5.54 |
| ROOM USE CROSSOVERS/ALL OTH OUTPTNT @STATE HOSPITAL | • | • | | • | | .380 | 78.58 | | 8.75 |
| CROSSOVERS/ALL OIR OUIPINI | 12,033 | 41,081 45 0 45 19,037 0 253 | <u> </u> | 943,700.14 | 23.02 | .300 | | <u> </u> | |
| @STATE HOSPITAL MENTALLY ILL DEVELOP. DISABLED @NURSING FACILITY LEV A-INTERMEDIATE | 2 | 45 | \$ | 24,489.17 | \$ 544.20 | .000 | \$ 12244.59 | | .23 |
| MENTALLY ILL | 0 | 0 | | 24,489.17 24,489.17 2,683,777.04 .00 31,705.96 245,800.72 .00 | .00 | .000 | .00 | | .00 |
| DEVELOP. DISABLED | 2 | 45 | | 24 , 489.17 | 544.20 | .000 | 12244.59 | | .23 |
| @NURSING FACILITY | 694 | 19,037 | \$ | 2,683,777.04 | \$ 140.98 | .176 | \$ 3867.11 | \$ | 24.84 |
| LEV A-INTERMEDIATE | 0 | 0 | | .00 | .00 | .000 | .00 | | .00 |
| LEV B-REHAB MD | 7 | 253 | | 31 - 705 96 | 125 32 | .002 | 4529.42 | | .29 |
| LEV B-SUBACUTE FREESTANDING | 21 | 671 | | 245 900 72 | 366 32 | .006 | 11704.80 | | 2.27 |
| | 21 | 0 | | 243,800.72 | 300.32 | .000 | | | |
| LEV B-SUBACUTE HSPTL BASED | 0 | | | | | | .00 | | |
| LEV B-TRANSITIONAL IP CARE | 0 | 0 | | .00 | .00 | .000 | .00 | | .00 |
| LEV B-REGULAR | 666 | 18,113 | | 2,406,270.36 | 132.85 | .168 | 3613.02 | | 22.27 |
| @INTERMEDIATE CARE FACILDD | 247 | 7,449 | \$ | 1,457,916.44 | \$ 195.72 | .069 | \$ 5902.50 | \$ | 13.49 |
| ICF DDH | 85 | 2,633 | | 451,102.31 | 171.33 | .024 | 5307.09 | | 4.17 |
| ICF DD | 0 | 2 , 039 | | .00 | .00 | .000 | .00 | | .00 |
| | | | | | | | | | |
| ICF DDN/DDCN | 162 | 4,816 | ć | 1,006,814.13 | 209.06 | .045 | 6214.90 | <u>_</u> | 9.32 |
| @HEMODIALYSIS TOTAL | 381 | 7,417 | \$ | 393,043.27 | | | \$ 1031.61 | Ş | 3.64 |
| HOSPITAL BASED | 0 | 0 | | .00 | .00 | .000 | .00 | | .00 |
| HEMODIALYSIS CENTER | 381 | 7,417 | | 393,043.27 | 52.99 | .069 | 1031.61 | | 3.64 |
| | | | | | | | | | |

| @REHABILITATION FACILITY HOSPITAL BASED INDEPENDENT FACILITY @LABORATORY FACILITY PATHOLOGY XO AND OTHERS @ORGANIZED OUTPATIENT CLINIC | 603 | 8,257 | \$ | 155,689.49 | \$ | 18.86 | .076 | 258.19 | \$ | 1.44 |
|--|------------------------------------|------------------|-----------|-------------------------------------|----------|-------------------|-------------------|--------------------|------|----------|
| HOSPITAL BASED | 331 | 2,213 | | 58,129.29 | | 26.27 | .020 | 175.62 | | .54 |
| INDEPENDENT FACILITY | 272 | 6,044 | | 97,560.20 | | 16.14 | .056 | 358.68 | | .90 |
| @LABORATORY FACILITY | 5,140 | 22,108 | \$ | 323,481.74 | \$ | 14.63 | .205 | 62.93 | | |
| PATHOLOGY | 5,092 | 21,997 | | 322,519.74 | | 14.66 | .204 | | · | 2.98 |
| XO AND OTHERS | 50 | 111 | | 962.00 | | 8.67 | .001 | 19.24 | | .01 |
| GORGANIZED OUTPATTENT CLINIC | 30 471 | 56 746 | Ś | 5 685 103 19 | Ś | 100 19 | 525 | 186.57 | Ś | |
| CLINIC | 890 | 1 873 | ۲ | 155 909 71 | Y | 83 24 | 017 | 175 18 | ٧ | 1.44 |
| CHINIC | 244 | 1 55/ | | 155,909.71 58,720.02 1,406.84 | | 37 70 | 01/ | 240 66 | | .54 |
| UEDOIN DETOV CLINIC | 244 | 111 | | 1 406 94 | | 12 21 | 001 | 175 06 | | .01 |
| CLINIC SURGICENTER HEROIN DETOX CLINIC RURAL HEALTH CLINIC | 20 701 | 53,205 | | 1,406.84 5,469,066.62 | | 12.34 102.79 | .001 | 175.86 183.64 | | 50.61 |
| #CALIF DEPT OF HEALTH SERV | 29,701 | | | J, 409, 000.02 | | 102.79 | | | | |
| | | | JRES I | MONTH-OF-PAYMENT F | KEPOR. | r FOR JAN 2 | 2004 THRU DE | C 2004 | PA | |
| MOP024 | FEE-FOR-SERVICE SUMMARY OF SERV | I/DENTAL | | | | | | | | 03/14/05 |
| BUTTE COUNTY | SUMMARY OF SERV | ICES FOR CASH (| FRAN'I' | - DISABLED | | AID CODE | | | ~- | |
| 400 004 | | | | | | | MON | ITHLY AVERA | GE - | |
| 108,064 ELIGIBLES | USERS | UNITS OF SERVIC | CE | EXPENDITURES | AVI | ERAGE COST | UNITS/DAYS | COST PER | С | OST PER |
| | | OR DAYS OF CAR | RE | 3,612,526.32 | PEI | R UNIT/DAY | PER ELIG | USER | E | LIGIBLE |
| @ALL OTHER PROVIDERS | 15 , 926 | 692 , 295 | \$ | 3,612,526.32 | \$ | 5.22 | 6.406 | 226.83 | \$ | 33.43 |
| DURABLE MED. EQUIP. | 1,601 | 4,027 | | 674 , 716.89 | | 167.55 | .037 | 421.43 | | 6.24 |
| BLOOD BANK | 13 | 9,014 | | 27,042.00 | | 3.00 | .083 | 2080.15 | | .25 |
| HEARING AID DISPENSERS | 508 | 1,009 | | 71,889.65 | | 71.25 | .009 | 141.52 | | .67 |
| MEDICAL TRANSPORTATION | 3,451 | 127 , 159 | | 783,074.88 | | 6.16 | 1.177 | 226.91 | | 7.25 |
| AMBULANCES/AIR TRANS | 2,337 | 21,616 | | 388,313.02 | | 17.96 | .200 | 166.16 | | 3.59 |
| OTHER TRANS | 1,169 | 104,778 | | 345,653.45 | | 3.30 | .970 | 295.68 | | 3.20 |
| OTHER SERVICES | 108 | 765 | | 49,108.41 | | 64.19 | .007 | 454.71 | | .45 |
| ACUPUNCTURE | 189 | 360 | | 6.264.20 | | 17.40 | .003 | 33.14 | | .06 |
| ADULT DAY HEALTH CARE CTR | 169 | 1.792 | | 124.805.68 | | 69 65 | 017 | 738 50 | | 1.15 |
| CENETIC DISEASE TESTING | 27 | 27 | | 2 835 00 | | 105.00 | 000 | 105.00 | | .03 |
| THMC MODEL-NE NE AIDS MSSP | 850 | 22 050 | | 2,033.00 838 455 28 | | 38 03 | 204 | 986 42 | | 7.76 |
| OCCUPATIONAL TUEDADICT | 0.50 | 22,030 | | 030,433.20 | | 30.03 | .204 | 00.42 | | .00 |
| OCCUPATIONAL INERAPIST | 2 (30 | (120 | | .00 | | 10 45 | .000 | 24.26 | | .59 |
| OPIICIAN | 2,030 | 0,120 | | 10,004,00 | | 10.45 | .037 | 24.30 | | . 39 |
| PHYSICAL THERAPIST | 146 | 1,369 | | 19,804.09 | | 14.4/ | .013 | 135.64 | | .18 |
| PORTABLE X-RAY | 4 | 1 / | | 22.37 | | 1.32 | .000 | 5.59 | | .00 |
| PROSTHETIST/ORTHOTISTS | 238 | 68 / | | 114,213.86 | | 166.25 | .006 | 4/9.89 | | 1.06 |
| PROSTHETICS | 228 | 646 | | 109,003.54 | | 168.74 | .006 | 478.09 | | 1.01 |
| ORTHOTICS | 10 | 41 | | 5,210.32 | | 127.08 | .000 | 521.03 | | .05 |
| PSYCHOLOGIST | 45 | 160 | | 9,810.80 | | 61.32 | .001 | 218.02 | | .09 |
| SPEECH AND AUDIOLOGY | 606 | 1,856 | | 94,131.56 | | 50.72 | .017 | 155.33 | | .87 |
| HOSPICE SERVICES | 68 | 1,470 | | 173,180.86 | | 117.81 | .014 | 2546.78 | | 1.60 |
| 0ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER SERVICES ACUPUNCTURE ADULT DAY HEALTH CARE CTR GENETIC DISEASE TESTING IHMC, MODEL-NF, NF, AIDS, MSSP OCCUPATIONAL THERAPIST OPTICIAN PHYSICAL THERAPIST PORTABLE X-RAY PROSTHETICS ORTHOTICS PSYCHOLOGIST SPEECH AND AUDIOLOGY HOSPICE SERVICES NONINST BIRTHING CENTERS LOCAL EDUCATION AGENCIES EPSDT SUPPLEMENTAL SERVICE RESPIRATORY CARE PRACT. PED SUBACUTE REHAB/WEANING ALL OTHER PROVIDERS ©CALIF. CHILDREN SERVICES* ©XOVER EXCLUDING STATE HOSP** | 0 | 0 | | .00 | | .00 | .000 | .00 | | .00 |
| LOCAL EDUCATION AGENCIES | 1,906 | 32 , 651 | | 219,089.40 | | 6.71 | .302 | 114.95 | | 2.03 |
| EPSDT SUPPLEMENTAL SERVICE | 1 | 76 | | 2,427.44 | | 31.94 | .001 | 2427.44 | | .02 |
| RESPIRATORY CARE PRACT. | 0 | 0 | | .00 | | .00 | .000 | .00 | | .00 |
| PED SUBACUTE REHAB/WEANING | 0 | 0 | | .00 | | .00 | .000 | .00 | | .00 |
| ALL OTHER PROVIDERS | 5,269 | 482,443 | | 386,698.93 | | .80 | 4.464 | 73.39 | | 3.58 |
| @CALIF. CHILDREN SERVICES* | 1,368 | 50,438 | \$ | 2,267,062.01 | Ś | 44.95 | .467 | 1657.21 | Ś | 20.98 |
| @XOVER EXCLUDING STATE HOSP** | 14.041 | 108.455 | Š | 1,690,879,14 | Ś | 15.59 | 1.004 | 120.42 | Ś | 15.65 |
| @* TOTALS IN THESE LINES ARE | / | , | | -,, | 7 | 20.03 | | 120.12 | 7 | 10.00 |
| THE AMOUNTS ARE ALREADY IN | | | | • | | | | | | |
| ** THESE DATA ARE INCLUDED I | | | | | | | | | | |
| #CALIF DEPT OF HEALTH SERV | | | | MONTH-OF-PAYMENT F | | י די די די די די | מת נומנות מחשוו מ | rc 2004 | D7 | GE 973 |
| MOP024 | FEE-FOR-SERVICE | | ו פינועונ | JONIN OF ENIMENT R | \iii ∪K. | T LOIZ OWN 7 | TOO4 IUVO DI | 2004 | ΓA | 03/14/05 |
| | | | 1 22 . | 35 40 42 3A-3M 3P | מר מר | 7 7 7 7 7 Tar C T | | | | 03/14/03 |
| BUTTE COUNTY | SUMMAKI OF SERV | TOES FOR CGF 30 | ,-33 . | 33 40 42 3A-3M 3P | 3K 31 | J 3W 4C-4G | | י ב חווד ע א דווחו | CE. | |
| 106 471 FITCIBIES | | INITEO OF OFFI | N.E. | EVDEND TEND | | | MON | | | |
| 126,471 ELIGIBLES | USERS | UNITS OF SERVIC | | EXPENDITURES | | | | | | OST PER |
| | | OR DAYS OF CAR | KE: | | PEI | K UNIT/DAY | PER ELIG | USER | E | LIGIBLE |

| @TOTAL, ALL PROVIDERS | 66,307 | 331,126 | \$ | 18,615,616.91 | Ś | 56.22 | 2.618 | Ś | 280.75 | Ś | 147.19 |
|----------------------------|-----------------|-------------------|-------|-------------------|-------|--------------|-------------|------|-----------|------|----------|
| @PHYSICIANS SERVICES | 12,189 | 32,266 | \$ | 1,367,240.62 | | | .255 | | 112.17 | | 10.81 |
| OUTPATIENT VISITS | 5,749 | 6,990 | • | 309,646.35 | | 44.30 | .055 | | 53.86 | · | 2.45 |
| OFFICE VISITS | 4,012 | 4,843 | | 180,618.00 | | 37.29 | .038 | | 45.02 | | 1.43 |
| HOME VISITS | . 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| EMERGENCY ROOM | 1,466 | 1,654 | | 90,541.76 | | 54.74 | .013 | | 61.76 | | .72 |
| PREVENTIVE CARE | 20 | 20 | | 844.61 | | 42.23 | .000 | | 42.23 | | .01 |
| OB VISITS/COMPRE PERI | 226 | 295 | | 31,926.53 | | 108.23 | .002 | | 141.27 | | .25 |
| OTHER OUTPATIENT | 172 | 178 | | 5,715.45 | | 32.11 | .001 | | 33.23 | | .05 |
| INPATIENT VISITS | 746 | 2,295 | | 134,285.50 | | 58.51 | .018 | | 180.01 | | 1.06 |
| HOSPITAL VISITS | 707 | 1,958 | | 85,536.10 | | 43.69 | .015 | | 120.98 | | .68 |
| CRITICAL CARE | 80 | 335 | | 48,683.35 | | 145.32 | .003 | | 608.54 | | .38 |
| SNF/ICF/TRANS IP CARE | 2 | 2 | | 66.05 | | 33.03 | .000 | | 33.03 | | .00 |
| OPHTHALMOLOGICAL SERVICES | 475 | 521 | | 22,574.90 | | 43.33 | .004 | | 47.53 | | .18 |
| EXAMINATIONS | 473 | 519 | | 22,534.90 | | 43.42 | .004 | | 47.64 | | .18 |
| SERVICES AND MATERIALS | 2 | 2 | | 40.00 | | 20.00 | .000 | | 20.00 | | .00 |
| INPATIENT HOSPITAL SURGERY | 599 | 2,759 | | 334,725.30 | | 121.32 | .022 | | 558.81 | | 2.65 |
| PRINCIPAL SURGEON | 438 | 555 | | 286,348.10 | | 515.94 | .004 | | 653.76 | | 2.26 |
| ASSISTANT SURGEON | 65 | 66 | | 10,960.87 | | 166.07 | .001 | | 168.63 | | .09 |
| ANESTHESIOLOGIST | 187 | 2,138 | | 37,416.33 | | 17.50 | .017 | | 200.09 | | .30 |
| OUTPATIENT SURGERY | 1,106 | 3,881 | | 214,095.75 | | 55.17 | .031 | | 193.58 | | 1.69 |
| PRINCIPAL SURGEON | 909 | 1,184 | | 169,543.82 | | 143.20 | .009 | | 186.52 | | 1.34 |
| ASSISTANT SURGEON | 9 | . 9 | | 804.92 | | 89.44 | .000 | | 89.44 | | .01 |
| ANESTHESIOLOGIST | 262 | 2,688 | | 43,747.01 | | 16.27 | .021 | | 166.97 | | .35 |
| DIALYSIS | 3 | 9 | | 892.14 | | 99.13 | .000 | | 297.38 | | .01 |
| PATHOLOGY | 650 | 1,109 | | 30,573.85 | | 27.57 | .009 | | 47.04 | | .24 |
| RADIOLOGY | 5,030 | 7,354 | | 195,954.65 | | 26.65 | .058 | | 38.96 | | 1.55 |
| PSYCHIATRY | 7 | . 8 | | 476.90 | | 59.61 | .000 | | 68.13 | | .00 |
| IMMUNIZATION AND INJECTION | 157 | 3,710 | | 19,032.34 | | 5.13 | .029 | | 121.23 | | .15 |
| OTHER SERVICES/ALL X-OVERS | 1,600 | 3,630 | | 104,982.94 | | 28.92 | .029 | | 65.61 | | .83 |
| @PHARMACY | 32,118 | 98,259 | \$ | 4,861,102.19 | \$ | | .777 | \$ | 151.35 | \$ | 38.44 |
| PRESCRIPTION DRUGS | 31,868 | 82,498 | | 4,617,326.22 | | 55.97 | .652 | | 144.89 | · | 36.51 |
| SNF/ICF | 6 | 23 | | 1,438.03 | | 62.52 | .000 | | 239.67 | | .01 |
| OUTPATIENTS | 31,867 | 82,475 | | 4,615,888.19 | | 55.97 | .652 | | 144.85 | | 36.50 |
| MEDICAL SUPPLIES | 911 | 15,761 | | 243,775.97 | | 15.47 | .125 | | 267.59 | | 1.93 |
| @DENTIST | 5,126 | 27,021 | \$ | 877,061.99 | \$ | | .214 | \$ | 171.10 | \$ | 6.93 |
| VISITS - DIAGNOSTIC | 3,706 | 17,659 | | 259,163.04 | | 14.68 | .140 | | 69.93 | · | 2.05 |
| ORAL SURGERY | 752 | 1,577 | | 89,869.30 | | 56.99 | .012 | | 119.51 | | .71 |
| DRUGS | 172 | 189 | | 4,486.80 | | 23.74 | .001 | | 26.09 | | .04 |
| ANESTHESIA | 28 | 28 | | 2,185.00 | | 78.04 | .000 | | 78.04 | | .02 |
| PERIODONTICS | 77 | 78 | | 7,816.00 | | 100.21 | .001 | | 101.51 | | .06 |
| ENDODONTICS | 456 | 752 | | 120,516.00 | | 160.26 | .006 | | 264.29 | | .95 |
| RESTORATIVE DENTISTRY | 1,780 | 5,685 | | 304,567.40 | | 53.57 | .045 | | 171.11 | | 2.41 |
| PROSTHETICS | 10 | 10 | | 300.00 | | 30.00 | .000 | | 30.00 | | .00 |
| DENTURES, STAYPLATES | 59 | 197 | | 25,943.10 | | 131.69 | .002 | | 439.71 | | .21 |
| SPACE MAINTAINERS | 57 | 75 | | 8,274.00 | | 110.32 | .001 | | 145.16 | | .07 |
| MAXILLOFACIAL SERVICES | 16 | 17 | | 730.10 | | 42.95 | .000 | | 45.63 | | .01 |
| FRACTURES, DISLOCATIONS | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| ORTHODONTIC SERVICES | 493 | 637 | | 49,611.25 | | 77.88 | .005 | | 100.63 | | .39 |
| ALL OTHER SERVICES | 104 | 117 | | 3,600.00 | | 30.77 | .001 | | 34.62 | | .03 |
| #CALIF DEPT OF HEALTH SERV | MEDI-CAL SERVIC | ES AND EXPENDITUR | RES M | ONTH-OF-PAYMENT F | REPOR | T FOR JAN | 2004 THRU | DEC | 2004 | PP | AGE 974 |
| MOP024 | FEE-FOR-SERVICE | L/DENTAL | | | | | | | | | 03/14/05 |
| BUTTE COUNTY | | | -33 3 | 35 40 42 3A-3M 3P | 3R 3 | U 3W 4C-4G | 3 | | | | |
| | | | | | | | M | ONTE | HLY AVERA | GE - | |
| 126,471 ELIGIBLES | USERS | UNITS OF SERVICE | | EXPENDITURES | | | T UNITS/DAY | | | | COST PER |
| | | OD DAVE OF CAR | 7 | | DE | אמן/שדואוז ס | DED ETTC | | HCED | т. | TCTDIE |

OR DAYS OF CARE

PER UNIT/DAY PER ELIG USER

ELIGIBLE

| @OPTOMETRIST | 1,567 | 4,171 | \$ | 92 , 257.95 | \$ | 22.12 | .033 | \$ | 58.88 | \$ | .73 |
|------------------------------|------------------------|-----------------|-------|--------------------------|------|--------------|---------|-------|---------|----|----------|
| DIAGNOSTIC AND ANC. PROCED | 1,089 | 1,155 | | 48,301.87 | | 41.82 | .009 | | 44.35 | | .38 |
| EYE APPLIANCES | 1,084 | 2 , 977 | | 43,312.97 | | 14.55 | .024 | | 39.96 | | .34 |
| OTHER OPTOMETRIC SERVICES | | 39 | | 643.11 | | 16.49 | .000 | | 17.38 | | .01 |
| | 200 | 354 | ċ | | ċ | | | ċ | | ċ | |
| @CHIROPRACTOR | | | \$ | 5,755.86 | \$ | | .003 | Ş | 28.78 | Þ | .05 |
| VISITS | 200 | 354 | | 5,755.86 | | 16.26 | .003 | | 28.78 | | .05 |
| OTHER SERVICES | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| @PODIATRIST | 46 | 73 | \$ | 2,067.78 | \$ | 28.33 | .001 | \$ | 44.95 | \$ | .02 |
| MEDICINE/INJECTIONS | 43 | 54 | | 1,542.49 | | 28.56 | .000 | | 35.87 | | .01 |
| SURGERY/ANES. | 4 | 5 | | 157.37 | | 31.47 | .000 | | 39.34 | | .00 |
| RADIO./PATHOLOGY | 10 | 12 | | 223.16 | | 18.60 | .000 | | 22.32 | | .00 |
| | | | | | | | | | | | |
| OTHER | 1 | 2 | _ | 144.76 | _ | 72.38 | .000 | | 144.76 | _ | .00 |
| @HOME HEALTH AGENCY | 179 | 413 | Ş | 25 , 373.92 | \$ | | .003 | | 141.75 | | .20 |
| NURSE ANESTHESIST | 173 | 1,826 | \$ | 20,969.80 | \$ | 11.48 | | | 121.21 | \$ | .17 |
| NURSE MIDWIFE | 466 | 2,738 | \$ | 89 , 977.52 | \$ | 32.86 | .022 | \$ | 193.08 | \$ | .71 |
| PEDIATRIC NURSE PRACTITIONER | 1 | 2 | \$ | 81.20 | \$ | 40.60 | .000 | | 81.20 | \$ | .00 |
| FAMILY NURSE PRACTITIONER | | 468 | S | 8,512.37 | \$ | | .004 | | 38.52 | | .07 |
| @TOTAL HOSPITAL | 221 19 , 058 | 73,184 | Ċ | 6,387,645.94 | | | | | 335.17 | | 50.51 |
| | | | Y | 4 165 445 11 | Y | 1200 24 | | | | Ÿ | |
| HOSP INPATIENT TOTAL | 830 | 2,996 | | | | 1390.34 | .024 | | 5018.61 | | 32.94 |
| HSC HOSPITALS | 86 | 482 | | 687 , 255.60 | | 1425.84 | .004 | | 7991.34 | | 5.43 |
| NON-HSC HOSPITAL TOTAL | 750 | 2,514 | | 3,478,189.51 | | 1383.53 | .020 | 4 | 4637.59 | | 27.50 |
| ACCOMMODATIONS | 749 | 2,514 | | 1,184,204.02 | | 471.04 | .020 | - | 1581.05 | | 9.36 |
| ADMINISTRATIVE DAYS | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| TRANSITIONAL IP CARE | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| ALL OTHER ACCOM | 749 | 2,514 | | 1,184,204.02 | | 471.04 | .020 | | 1581.05 | | 9.36 |
| | 750 | • | | | | | .000 | | 3058.65 | | 18.14 |
| ANCILLARIES | | 0 | | 2,293,985.49 | | .00 | | | | | |
| INPATIENT CROSSOVERS | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| ALL OTHER INPATIENT | 0 | 70,188 | | .00 | | .00 | .000 | | .00 | | .00 |
| HOSP OUTPATIENT TOTAL | 18 , 735 | 70 , 188 | | 2,222,200.83 | | 31.66 | .555 | | 118.61 | | 17.57 |
| MEDICAL | 11,501 | 16,833 | | 746,537.61 | | 44.35 | .133 | | 64.91 | | 5.90 |
| SURGERY | 1,323 | 1,642 | | 87,141.50 | | 53.07 | .013 | | 65.87 | | .69 |
| PATHOLOGY | 5 , 903 | 19 , 607 | | 0.60 600 61 | | 13.39 | .155 | | 44.49 | | 2.08 |
| RADIOLOGY | 3 , 937 | 5 , 170 | | 262,630.61 315,356.89 | | 61.00 | .041 | | 80.10 | | 2.49 |
| | 12 054 | 17,670 | | 660 631 63 | | 37.90 | .140 | | 51.30 | | 5.29 |
| ROOM USE | | • | | 669,631.62 | | | | | | | |
| CROSSOVERS/ALL OTH OUTPTNT | 5,084 | 9,266 | | 140,902.60 | | 15.21 | .073 | | 27.71 | | 1.11 |
| @COUNTY HOSPITAL TOTAL | | 138 | \$ | 9,645.51 | \$ | | .001 | | | Ş | .08 |
| CO HOSPITAL INPATIENT TOTAL | 3 | 6 | | 5,860.00 | | 976.67 | .000 | | 1953.33 | | .05 |
| HSC HOSPITALS | 3 | 6 | | 5,860.00 | | 976.67 | .000 | - | 1953.33 | | .05 |
| NON-HSC HOSPITALS TOTAL | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| ACCOMMODATIONS | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| ADMINISTRATIVE DAYS | Ô | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| TRANSITIONAL IP CARE | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| | 0 | 0 | | | | | .000 | | | | |
| ALL OTHER ACCOM | 0 | 0 | | .00 | | .00 | | | .00 | | .00 |
| ANCILLARIES | Ü | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| INPATIENT CROSSOVERS | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| ALL OTHER INPATIENT | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| CO HOSP OUTPATIENT TOTAL | 17 | 132 | | 3,785.51 | | 28.68 | .001 | | 222.68 | | .03 |
| MEDICAL | 7 | 8 | | 258.92 | | 32.37 | .000 | | 36.99 | | .00 |
| SURGERY | 3 | 6 | | 177.66 | | 29.61 | .000 | | 59.22 | | .00 |
| PATHOLOGY | Q | 54 | | 761.80 | | 14.11 | .000 | | 95.23 | | .01 |
| | 3 | | | | | | | | | | |
| RADIOLOGY | | 8 | | 938.02 | | 117.25 | .000 | | 312.67 | | .01 |
| ROOM USE | 13 | 23 | | 1,199.70 | | 52.16 | .000 | | 92.28 | | .01 |
| CROSSOVERS/ALL OTH OUTPTNT | 12 | 33 | | 449.41 | | 13.62 | .000 | | 37.45 | | .00 |
| #CALIF DEPT OF HEALTH SERV | MEDI-CAL SERVICES A | AND EXPENDITUR | RES M | MONTH-OF-PAYMENT RE | EPOR | T FOR JAN 20 | 04 THRU | DEC 2 | 2004 | PA | GE 975 |
| MOP024 | FEE-FOR-SERVICE/DEN | ITAL | | | | | | | | | 03/14/05 |
| BUTTE COUNTY | SUMMARY OF SERVICES | FOR CGF 30- | -33 3 | 35 40 42 3A-3M 3P 3 | 3R 3 | U 3W 4C-4G | | | | | |
| | | | | | | | | | | | |

| 126,471 ELIGIBLES | USERS | UNITS OF SERVICE | € | EXPENDITURES | AVERAGE COST | UNITS/DAYS | COST PER | | COST PER |
|-----------------------------|-----------------|------------------|----|---------------------|--------------|------------|-----------|----|----------|
| | | OR DAYS OF CARE | € | | PER UNIT/DAY | PER ELIG | USER | E | ELIGIBLE |
| @COMMUNITY HOSPITAL TOTAL | 19,040 | 73,046 | \$ | 6,378,000.43 | \$ 87.31 | .578 | \$ 334.98 | \$ | 50.43 |
| COMM HOSP INPATIENT TOTAL | 827 | 2 , 990 | | 4,159,585.11 | 1391.17 | .024 | 5029.73 | | 32.89 |
| HSC HOSPITALS | 83 | 476 | | 681 , 395.60 | 1431.50 | .004 | 8209.59 | | 5.39 |
| NON-HSC HOSPITALS TOTAL | 750 | 2,514 | | 3,478,189.51 | | .020 | 4637.59 | | 27.50 |
| ACCOMMODATIONS | 749 | 2,514 | | 1,184,204.02 | 471.04 | .020 | 1581.05 | | 9.36 |
| ADMINISTRATIVE DAYS | 0 | 0 | | .00 | .00 | .000 | .00 | | .00 |
| TRANSITIONAL IP CARE | 0 | 0 | | .00 | .00 | .000 | .00 | | .00 |
| ALL OTHER ACCOM | 749 | 2,514 | | 1,184,204.02 | 471.04 | .020 | 1581.05 | | 9.36 |
| ANCILLARIES | 750 | 0 | | 2,293,985.49 | .00 | .000 | 3058.65 | | 18.14 |
| INPATIENT CROSSOVERS | 0 | 0 | | .00 | .00 | .000 | .00 | | .00 |
| ALL OTHER INPATIENT | 0 | 0 | | .00 | .00 | .000 | .00 | | .00 |
| COMM HOSP OUTPATIENT TOTAL | 18 , 720 | 70 , 056 | | 2,218,415.32 | 31.67 | .554 | 118.51 | | 17.54 |
| MEDICAL | 11,495 | 16,825 | | 746 , 278.69 | 44.36 | .133 | 64.92 | | 5.90 |
| SURGERY | 1,320 | 1,636 | | 86,963.84 | | .013 | 65.88 | | .69 |
| PATHOLOGY | 5 , 897 | 19,553 | | 261,868.81 | 13.39 | .155 | 44.41 | | 2.07 |
| RADIOLOGY | 3 , 934 | 5 , 162 | | | | .041 | 79.92 | | 2.49 |
| ROOM USE | 13,042 | 17 , 647 | | 668,431.92 | 37.88 | .140 | 51.25 | | 5.29 |
| CROSSOVERS/ALL OTH OUTPINT | 5 , 073 | 9,233 | | ., | 15.21 | .073 | 27.69 | | 1.11 |
| @STATE HOSPITAL | 0 | 0 | \$ | .00 | \$.00 | .000 | \$.00 | \$ | .00 |
| MENTALLY ILL | 0 | 0 | | .00 | .00 | .000 | .00 | | .00 |
| DEVELOP. DISABLED | 0 | 0 | | .00 | .00 | .000 | .00 | | .00 |
| @NURSING FACILITY | 1 | 4 | \$ | 795.00 | \$ 198.75 | .000 | \$ 795.00 | \$ | .01 |
| LEV A-INTERMEDIATE | 0 | 0 | | .00 | .00 | .000 | .00 | | .00 |
| LEV B-REHAB MD | 0 | 0 | | .00 | .00 | .000 | .00 | | .00 |
| LEV B-SUBACUTE FREESTANDING | 0 | 0 | | .00 | .00 | .000 | .00 | | .00 |
| LEV B-SUBACUTE HSPTL BASED | 0 | 0 | | .00 | .00 | .000 | .00 | | .00 |
| LEV B-TRANSITIONAL IP CARE | 0 | 0 | | .00 | .00 | .000 | .00 | | .00 |
| LEV B-REGULAR | 1 | 4 | | 795.00 | 198.75 | .000 | 795.00 | | .01 |
| @INTERMEDIATE CARE FACILDD | 0 | 0 | \$ | .00 | \$.00 | .000 | \$.00 | \$ | .00 |

----- MONTHLY AVERAGE -----

| ICF DDH | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
|------------------------------|--------------------|-----------------|-----|-------------------|--------|----------|-----------|-----|--------|----|----------|
| ICF DD | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| ICF DDN/DDCN | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| @HEMODIALYSIS TOTAL | 3 | 43 | \$ | 1,797.05 | \$ | 41.79 | .000 | \$ | 599.02 | \$ | .01 |
| HOSPITAL BASED | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| HEMODIALYSIS CENTER | 3 | 43 | | 1,797.05 | | 41.79 | .000 | | 599.02 | | .01 |
| @REHABILITATION FACILITY | 207 | 1,291 | \$ | 29,400.28 | \$ | 22.77 | .010 | \$ | 142.03 | \$ | .23 |
| HOSPITAL BASED | 181 | 1,016 | | 25,156.23 | | 24.76 | .008 | | 138.98 | | .20 |
| INDEPENDENT FACILITY | 26 | 275 | | 4,244.05 | | 15.43 | .002 | | 163.23 | | .03 |
| @LABORATORY FACILITY | 2,560 | 7,682 | \$ | 126,006.31 | \$ | 16.40 | .061 | \$ | 49.22 | \$ | 1.00 |
| PATHOLOGY | 2,560 | 7,681 | | 125,981.71 | | 16.40 | .061 | | 49.21 | | 1.00 |
| XO AND OTHERS | 1 | 1 | | 24.60 | | 24.60 | .000 | | 24.60 | | .00 |
| @ORGANIZED OUTPATIENT CLINIC | 23,472 | 38 , 415 | \$ | 4,215,450.67 | \$ | 109.73 | .304 | \$ | 179.59 | \$ | 33.33 |
| CLINIC | 1,314 | 3,921 | | 147,001.58 | | 37.49 | .031 | | 111.87 | | 1.16 |
| SURGICENTER | 89 | 574 | | 20,247.61 | | 35.27 | .005 | | 227.50 | | .16 |
| HEROIN DETOX CLINIC | 3 | 46 | | 519.12 | | 11.29 | .000 | | 173.04 | | .00 |
| RURAL HEALTH CLINIC | 22,360 | 33,874 | | 4,047,682.36 | | 119.49 | .268 | | 181.02 | | 32.00 |
| #CALIF DEPT OF HEALTH SERV | MEDI-CAL SERVICES | AND EXPENDITU | RES | MONTH-OF-PAYMENT | REPORT | FOR JAN | 2004 THRU | DEC | 2004 | P7 | AGE 976 |
| MOP024 | FEE-FOR-SERVICE/DE | ENTAL | | | | | | | | | 03/14/05 |
| BUTTE COUNTY | SUMMARY OF SERVICE | S FOR CGF 30 | -33 | 35 40 42 3A-3M 3P | 3R 3U | 3W 4C-4G | | | | | |

----- MONTHLY AVERAGE -----USERS 126,471 ELIGIBLES UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE 504,120.46 9,493 42,916 11.75 .339 \$ @ALL OTHER PROVIDERS 53.10 \$ 3.99 DURABLE MED. EQUIP. 239 1,332 46,653.34 35.03 .011 195.20 .37 264.00 BLOOD BANK 1 264.00 3.00 .001 .00 15 3,745.86 96.05 249.72 HEARING AID DISPENSERS 39 .000 .03 8,427 840 17.82 178.81 MEDICAL TRANSPORTATION 150,197.48 .067 1.19 833 8,373 AMBULANCES/AIR TRANS 123,998.35 14.81 .066 148.86 OTHER TRANS 4 36 144.49 4.01 .000 36.12 .00 26,054.64 1447.48 OTHER SERVICES 18 18 1447.48 .000 .21 29.47 ACUPUNCTURE 825.25 18.76 .000 ADULT DAY HEALTH CARE CTR 0 .00 .00 .000 .00 .00 GENETIC DISEASE TESTING 7,140.00 105.00 .001 105.00 .06 117.17 351.50 IHMC, MODEL-NF, NF, AIDS, MSSP 18 2,108.98 .000 OCCUPATIONAL THERAPIST 0 0 .00 .00 .000 .00 .00 OPTICIAN 1,222 2,602 22,376.95 8.60 .021 18.31 .18 650 9,623.76 14.81 .005 128.32 PHYSICAL THERAPIST 0 0 .00 .000 .00 PORTABLE X-RAY .00 .00 PROSTHETIST/ORTHOTISTS 54 86 10,064.26 117.03 .001 186.38 .08 119.79 194.94 PROSTHETICS 9,942.18 .001 3 ORTHOTICS 3 122.08 40.69 .000 40.69 .00 22 PSYCHOLOGIST 78 5,128.95 65.76 .001 233.13 .04 1,203 42.55 115.28 51,184.22 SPEECH AND AUDIOLOGY .010 HOSPICE SERVICES .00 .00 .000 .00 .00 .00 NONINST BIRTHING CENTERS 0 0 .00 .000 .00 .00 LOCAL EDUCATION AGENCIES 6,493 20,910 190,774.47 9.12 .165 29.38 0 EPSDT SUPPLEMENTAL SERVICE 0 .00 .00 .000 .00 .00 RESPIRATORY CARE PRACT. 0 .00 .00 .000 .00 .00 PED SUBACUTE REHAB/WEANING .00 .00 .000 .00 7,371 4,032.94 .55 ALL OTHER PROVIDERS 121 .058 33.33 .03 @CALIF. CHILDREN SERVICES* 6,141 653,943.09 .049 \$ 1743.85 \$ 106.49 5.17 17 .01 @XOVER EXCLUDING STATE HOSP** 1,610.55 17.51 .001 \$ 94.74 \$

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MOP024

VISITS - DIAGNOSTIC

ORAL SURGERY

RESTORATIVE DENTISTRY

DENTURES, STAYPLATES

MAXILLOFACIAL SERVICES

FRACTURES, DISLOCATIONS

ORTHODONTIC SERVICES

SPACE MAINTAINERS

ALL OTHER SERVICES

DRUGS

ANESTHESIA

PERIODONTICS

ENDODONTICS

PROSTHETICS

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004

PAGE 977

1,726,309.96 \$ 36.51 .188 \$ 178.97 \$ 417,189.05 14.00 .119 61.87

159.62

222.16 78.71

15.18

199,690.95 4,786.80

4,405.00 78.66 41,170.00 103.70

199,690.95

234,914.00

537,322.25

1,325.00

206,662.40

9,105.00

60,841.25

3,825.00

4,628.94

444.32

 14.00
 .119
 61.87

 54.31
 .015
 134.56

 23.35
 .001
 25.46

 78.66
 .000
 83.11

 103.70
 .002
 112.18

 189.91
 .005
 301.95

 58.64
 .037
 175.42

 30.11
 .000
 30.11

 131.55
 .006
 366.42

 113.81
 .000
 149.26

 159.62
 .000
 171.44

.000

.000

.001

171.44

19.22

444.32

.003 102.77

1.66

.80

.02

.02

.16

.94

2.14

.01

.82

.04

.02

.00

.24

.02

03/14/05

FEE-FOR-SERVICE/DENTAL SUMMARY OF SERVICES FOR CASH GRANT - TOTAL

6,743

1,484

188

53

367

44

564

61

1

592

199

778

3,063

| 1101 02 1 | I DD I OIL DDILLATO | , 11 / 11 11 11 11 11 11 11 11 11 11 11 1 | | | | | | | 03/11/03 | | | |
|----------------------------|--|---|-----|---|----------------|------------|--------------------------|------|----------|--|--|--|
| BUTTE COUNTY | SUMMARY OF SERVICES FOR CASH GRANT - TOTAL | | | | | | | | | | | |
| | | | | | | MC | ONTHLY AVE | RAGE | | | | |
| 250,875 ELIGIBLES | USERS | UNITS OF SERV | ICE | EXPENDITURES | AVERAGE COST | UNITS/DAYS | COST PER | 3 | COST PER | | | |
| | | OR DAYS OF C | | | PER UNIT/DAY | PER ELIG | USER | | ELIGIBLE | | | |
| @TOTAL, ALL PROVIDERS | 174,236 37,937 | 2,686,233 | \$ | 105,144,556.87 | \$ 39.14 | 10.707 | | | 419.11 | | | |
| @PHYSICIANS SERVICES | 37 , 937 | 2,686,233 124,428 | \$ | 4,353,774.47 | \$ 34.99 | .496 | \$ 114.76 | 6 \$ | 17.35 | | | |
| OUTPATIENT VISITS | 14,231 | 18 , 541 | | 755,692.69 | | .074 | 53.10 |) | 3.01 | | | |
| OFFICE VISITS | 10.760 | 13.740 | 1 | 474,909.01 | 34.56 | .055 | | | | | | |
| HOME VISITS | 27 | 36 |) | 1,849.00 | 51.36 | .000 | 68.48 | 3 | .01 | | | |
| EMERGENCY ROOM | 27 2 , 911 | 3,622 | | 1,849.00 213,514.33 880.38 41,167.84 | 58.95 | .014 | 73.35 | 5 | .85 | | | |
| PREVENTIVE CARE | 21 | 21 | | 880.38 | 41.92 | .000 | 41.92 | / | . ()() | | | |
| OB VISITS/COMPRE PERI | 292 | 382 | | 41,167.84 | 107.77 | .002 | 140.99 | 9 | .16 | | | |
| OTHER OUTPATIENT | 666 | 740 | | 23,372.13 | 31.58 | .003 | 35.09 | 9 | .09 | | | |
| INPATIENT VISITS | 2,690 | 11,519 |) | 537,747.69 | 46.68 | | 199.93 | | | | | |
| HOSPITAL VISITS | 2,351 | 10,247 | 1 | 409,578.00 117,211.25 | 39.97 | .041 | 174.23 | 1 | 1.63 | | | |
| CRITICAL CARE | 228 | 843 | 1 | 117,211.25 | 139.04 | .003 | 514.08 | 3 | .47 | | | |
| SNF/ICF/TRANS IP CARE | 292 | 843 |) | 10,958.44 | 25.54 41.26 | .002 | 37 5 | 3 | 0.4 | | | |
| OPHTHALMOLOGICAL SERVICES | 1,306 | 1 46.7 | | 60,533.55 | 41.26 | .006 | 46.35 | 5 | .24 | | | |
| EXAMINATIONS | 1,299 | 1,460 | 1 | 60,393.55 | 41.37 | .006 | 46.49 | 9 | .24 | | | |
| SERVICES AND MATERIALS | 7 | 7 | ' | 140.00 | 20.00 | .000 | 20.00 | | | | | |
| INPATIENT HOSPITAL SURGERY | 1,444 | 8,029 |) | 60,393.55 140.00 772,585.93 | 96.22 | .032 | 535.03 | 3 | 3.08 | | | |
| PRINCIPAL SURGEON | 1,09/ | 1,598 | | 637,539.79 | 398.96 | .006 | 581.1 | 7 | 2.54 | | | |
| ASSISTANT SURGEON | 155 | 157 6 , 274 | | 637,539.79 28,975.97 106,070.17 | 184.56 | .001 | 186.94 | 4 | .12 | | | |
| ANESTHESIOLOGIST | 449 | 6 , 274 | | 106,070.17 | 16.91 | .025 | 236.24 | 4 | .42 | | | |
| OUTPATIENT SURGERY | | | 1 | 620,459.18 | 66.95 | .037 | 221.93 | l | 2.47 | | | |
| PRINCIPAL SURGEON | 2,337 | 3,095 | | | 167.84 | .012 | 222.2 | | | | | |
| ASSISTANT SURGEON | 25 | 25 | 1 | 2,299.00 | 91.96 | .000 | 91.9 | 6 | .01 | | | |
| ANESTHESIOLOGIST | 609 | 6,148 | | 98,708.06 | 16.06 | .025 | 162.08 | 3 | .39 | | | |
| DIALYSIS | 1117 | 283 | 1 | 98,708.06 27,431.81 93,707.81 | 96.93 | .001 | 162.08 268.9 56.69 | 4 | .11 | | | |
| PATHOLOGY | 1,653 | 3,437 | | 93,707.81 | 27.26 | .014 | 56.69 | 9 | .37 | | | |
| RADIOLOGY | 13 , 007 | 23 , 230 | 1 | 687 , 127.85 | 29.58 | .093 | 52.83 | 3 | 2.74 | | | |
| PSYCHIATRY | 12 | 15 | | 860.01 | 57.33 | | 71.6 | | | | | |
| IMMUNIZATION AND INJECTION | 565 | 13,076 | | 126,769.43 | 9.69 | | 224.3 | | | | | |
| OTHER SERVICES/ALL X-OVERS | 12,935 | 35 , 563 | | 670 , 858.52 | 18.86 | .142 | 51.86 | | | | | |
| @PHARMACY | 119,166 117,579 | 1,210,414 | \$ | 670,858.52 47,198,918.06 45,392,196.48 | \$ 38.99 | 4.825 | \$ 396.08 | 3 \$ | 188.14 | | | |
| PRESCRIPTION DRUGS | 117 , 579 | 503 , 824 | | 45,392,196.48 | 90.10 | 2.008 | 386.0 | 5 | 180.94 | | | |
| SNF/ICF | 1,247 | 10,449 |) | 864,232.58 | 82.71 | .042 | 693.05 | | | | | |
| OUTPATIENTS | 116,505 | 493 , 375 | | 44,527,963.90 | 90.25 | | | | 177.49 | | | |
| MEDICAL SUPPLIES | 11,784 | 706 , 590 | 1 | 1,806,721.58 | 2.56 | 2.817 | | | | | | |
| @DENTIST | 9,646 | 47,278 | \$ | 1,726,309.96 | | | \$ 178.9 | | | | | |
| TITCIMC DIACNOCMIC | 6 712 | 20 702 | | 417 100 OF | 1 / 0 0 | 110 | 61 0" | 7 | 1 66 | | | |

29**,**792

3,677

205

397

44

29

2

252

773

1,571

1,237

9,163

80

56

MOP024

BUTTE COUNTY

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 978 FEE-FOR-SERVICE/DENTAL

03/14/05

----- MONTHLY AVERAGE -----

SUMMARY OF SERVICES FOR CASH GRANT - TOTAL

| 250,875 ELIGIBLES | USERS | UNITS OF SERVIC OR DAYS OF CAR | EXPENDITURES | ERAGE COST R UNIT/DAY | | COST PER USER | COST PER ELIGIBLE |
|---|--|--|---|---|--------------------------------------|---|----------------------|
| @OPTOMETRIST | 4,920 | 13,192 | \$ 279,556.27 | \$ 21.19 | .053 | \$ 56.82 | \$ 1.11 |
| DIAGNOSTIC AND ANC. PROCED | 2,478 | 2,614 | 109,006.86 | 41.70 | .010 | 43.99 | .43 |
| EYE APPLIANCES | 3,606 | | 159,913.78 | 15.93 | .040 | 44.35 | .64 |
| OTHER OPTOMETRIC SERVICES | 405 | 542 | 109,006.86 159,913.78 10,635.63 16,384.34 | 19.62 | .002 | 26.26 | .04 |
| @CHIROPRACTOR | 562 | 1,018 | \$ 16,384.34 | \$ 16.09 | .004 | \$ 29.15 | \$.07 |
| VISITS | 534 | 985 | 15,959.24 | 16.20 | .004 | 29.89 | .06 |
| OTHER SERVICES | 28 | 33 | 425.10 | 12.88 | .000 | 15.18 | .00 |
| @PODIATRIST | 1,232 | 2,043 | \$ 28,606.41 | \$ 14.00 | .008 | \$ 23.22 | \$.11 |
| MEDICINE/INJECTIONS | 414 | 471 | 12,496.80 | 16.20 12.88 14.00 26.53 34.17 | .002 | 30.19 | .05 |
| SURGERY/ANES. | 7 | 10 | 341.67 | 34.17 | .000 | 48.81 | .00 |
| EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY OTHER @HOME HEALTH AGENCY NURSE ANESTHESIST NURSE MIDWIFE PEDIATRIC NURSE PRACTITIONER | 38 | 49 | 12,496.80 341.67 864.98 14,902.96 1,123,942.29 43,441.90 108,877.79 99.30 34,394.51 28,882,846.63 22,720,226.12 2,576.944.69 | 17.65 | .000 | 22.76 | .00 |
| OTHER | 812 | 1,513 | 14,902.96 | 9.85 | .006 | 18.35 | .06 |
| @HOME HEALTH AGENCY | 853 | 34,586 | \$ 1,123,942.29 | \$ 32.50 | .138 | \$ 1317.63 | \$ 4.48 |
| NURSE ANESTHESIST | 363 | 4,103 | \$ 43,441.90 | \$ 10.59 | .016 | 119.67 | \$.17 |
| NURSE MIDWIFE | 589 2 997 45,869 3,178 | 3,548 | \$ 108,877.79 | \$ 30.69 | .014 | \$ 184.85 | \$.43 |
| PEDIATRIC NURSE PRACTITIONER | 2 | 3 | \$ 99.30 | \$ 33.10 | .000 | \$ 49.65 | \$.00 |
| FAMILY NURSE PRACTITIONER | 997 | 2,103 | \$ 34,394.51 | \$ 16.35 | .008 | \$ 34.50 | \$.14 |
| @TOTAL HOSPITAL | 45,869 | 214,583 12,322 | \$ 28,882,846.63 | \$ 134.60 | .855 | \$ 629.68 | \$ 115.13 |
| HOSP INPATIENT TOTAL | 3,178 | 12,322 | 22,720,226.12 | 1843.87 | .049 | 7149.22 | 90.56 |
| HSC HOSPITALS | 242 | | 2,576,944.69 | 1447.72 | .007 | 10648.53 | 10.27 |
| NON-HSC HOSPITAL TOTAL | 2,203 | 10,542 | 19,498,094.03 | 1849.56 | .042 | 8850.70 | 77.72 |
| ACCOMMODATIONS | 2,201 | 10,542 10,542 | 6,235,061.38 | 591.45 | .042 | 2832.83 | 24.85 |
| ADMINISTRATIVE DAYS | 3 | 2.6 | 5,194.46 | 199.79 | .000 | 1731.49 | .02 |
| TRANSITIONAL IP CARE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER ACCOM | 242 2,203 2,201 3 0 2,198 2,203 | 10,516 | 22,720,226.12 2,576,944.69 19,498,094.03 6,235,061.38 5,194.46 .00 6,229,866.92 13,263,032.65 645,187.40 .00 6,162,620.51 1,702,428.22 177,745.20 779,269.58 1,002,868.54 1,286,113.68 1,214,195.29 59,178.14 50,469.88 22,476.00 27,993.88 | 592.42 | .042 .042 .000 .000 .042 | 2834.33 | 24.83 |
| ANCILLARIES | 2,203 | 0 | 13,263,032.65 | .00 | .000 | 6020.44 | 52.87 |
| INPATIENT CROSSOVERS | 765 | 0 | 645,187.40 | .00 | .000 | | 2.57 |
| INPATIENT CROSSOVERS ALL OTHER INPATIENT HOSP OUTPATIENT TOTAL MEDICAL | 0 | 202,261 35,086 | .00 | .00 | .000 | .00 137.66 82.02 62.96 | .00 |
| HOSP OUTPATIENT TOTAL | 44,766 | 202,261 | 6,162,620.51 | 30.47 | .806 | 137.66 | 24.56 |
| MEDICAL | 44,766 20,757 2,823 14,776 9,539 22,317 19,066 | 35 , 086 | 1,702,428.22 | 48.52 | .140 | 82.02 | 6.79 |
| SURGERY | 0 000 | 3,445 | 177,745.20 | 51.60 | .014 | 62.96 | .71 |
| PATHOLOGY | 14,776 | 59 , 172 | 779,269.58 | 13.17 | .236 | 52.74 | 3.11 |
| RADIOLOGY | 9,539 | 13,987 | 1,002,868.54 | 71.70 | .056 | 105.13 | 4.00 |
| ROOM USE | 22,317 | 33 , 178 | 1,286,113.68 | 38.76 | .132 | 57.63 | 5.13 |
| CROSSOVERS/ALL OTH OUTPINT | 19,066 | 57 , 393 | 1,214,195.29 | 21.16 | .229 | 63.68 | 4.84 |
| @COUNTY HOSPITAL TOTAL | 76 8 | 3,445 59,172 13,987 33,178 57,393 360 29 | \$ 59 , 178.14 | \$ 164.38 | .001 | \$ 82.02 62.96 52.74 105.13 57.63 63.68 778.66 | \$.24 |
| CO HOSPITAL INPATIENT TOTAL | 8 | 29 | 50,469.88 | 1740.34 1182.95 2799.39 1109.60 | .000 | 0300.74 | .20 |
| HSC HOSPITALS | 6 | 19 | 22,476.00 | 1182.95 | .000 | 3746.00 | .09 |
| NON-HSC HOSPITALS TOTAL | 2 | 10 | 27 , 993.88 | 2799.39 | .000 | 13996.94 | .11 |
| ACCOMMODATIONS | 2 | 10 | 11,096.00 | 1109.60 | .000 | 5548.00 | .04 |
| ADMINISTRATIVE DAYS | 0 | 0 | .00 | . 00 | .000 | .00 | .00 |
| TRANSITIONAL IP CARE | 0 | 0 | .00 | .00 1109.60 .00 | .000 | .00 | .00 |
| ALL OTHER ACCOM | 2 | 10 | 11,096.00 | 1109.60 | .000 | 5548.00 | .04 |
| ANCILLARIES | 2 | 0 | | | .000 | 8448.94 | .07 |
| INPATIENT CROSSOVERS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER INPATIENT | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| CO HOSP OUTPATIENT TOTAL | 8 6 2 2 0 0 2 2 0 0 0 68 24 | 57,393 360 29 19 10 0 0 10 0 0 331 27 | 8,708.26 | 26.31 | .001 | .00 128.06 36.06 | .03 |
| | | | 865.34 | 32.05 | .000 | 36.06 | .00 |
| SURGERY | 7 | 12 | 490.32 | 40.86 | .000 | 70.05 | .00 |
| PATHOLOGY | 22 | 104 | 1,612.26 | 15.50 | .000 | 73.28 | .01 |

1,724.29 86.21 2,506.06 48.19 172.43 20 RADIOLOGY 10 .000 .01 52 39 64.26 ROOM USE .000 .01 1,509.99 13.02 40 37.75 .01 CROSSOVERS/ALL OTH OUTPINT 116 .000 PAGE 979

03/14/05

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 FEE-FOR-SERVICE/DENTAL

| BUTTE COUNTY SUMMARY OF SERVICES FOR | CASH | CASH GI | GRANT - | TOTAL |
|--------------------------------------|------|---------|---------|-------|
|--------------------------------------|------|---------|---------|-------|

MOP024

| BUTTE COUNTY | SUMMARY OF SER | VICES FOR CASH GRANT | - TOTAL | | | | |
|--|----------------|---|--|--|------------------|---------------------|----------|
| | | | | | MONTHLY | | |
| 250,875 ELIGIBLES @COMMUNITY HOSPITAL TOTAL | USERS | UNITS OF SERVICE | EXPENDITURES | AVERAGE COST UN | ITS/DAYS COST | PER | COST PER |
| | | OR DAYS OF CARE | | PER UNIT/DAY P | ER ELIG US | ER | ELIGIBLE |
| @COMMUNITY HOSPITAL TOTAL | 45,804 | 214,223 \$ | 28,823,668.49 | \$ 134.55 | .854 \$ 62 | 9.28 \$ | 114.89 |
| COMM HOSP INPATIENT TOTAL | 3,171 | 12,293 | 22,669,756.24 | 1844.12 | .049 714 | 9.09 | 90.36 |
| HSC HOSPITALS | 236 | 1,761 | 2,554,468.69 | 1450.58 | .007 1082 | 4.02 | 10.18 |
| NON-HSC HOSPITALS TOTAL | 2,201 | 10.532 | 19,470,100,15 | 1848.66 | .042 884 | 6.02 | 77.61 |
| ACCOMMODATIONS | 2.199 | 10.532 | 6.223.965.38 | 590.96 | .042 283 | 0.36 | 24.81 |
| ADMINISTRATIVE DAYS | 3 | 26 | 5,194,46 | 199.79 | .000 173 | 1.49 | .02 |
| TRANSITIONAL IP CARE | 0 | 0 | 0,131,10 | 00 | .000 | 0.0 | .00 |
| ALL OTHER ACCOM | 2 196 | 10 506 | 6 218 770 92 | 591 93 | .042 283 | 1 86 | 24.79 |
| ANCILLARIES | 2 201 | 10,000 | 13 246 134 77 | 00 | .000 601 | .00 1.86 8.23 | 52.80 |
| TNDATTENT CROSSOVERS | 765 | 0 | 645 187 40 | 00 | .000 84 | 8.23 | 2.57 |
| ALL ORDED INDARTENT | , 05 | 0 | 043,107.40 | .00 | .000 | | .00 |
| COMM HOCD OURDARTENE HORAT | 44 700 | 201 020 | 6 152 012 25 | 30 40 | .000 .805 13 | 7 65 | 24.53 |
| MEDICAL | 20 725 | 25 050 | 1 701 562 00 | 40 53 | .140 8 | 7.05 | 6.78 |
| MEDICAL | 20,733 | 33,039 | 1,701,362.00 | 40.55 | .140 8 .014 6 | 2.00 | .71 |
| SURGERI | 2,816 | 3,433 | 1//,254.88 | 51.63 | .014 6 | 2.95 | |
| PATHOLOGY | 14,756 | 59,068 | 1 001 144 25 | 13.17 | .235 5 | 2.70 | 3.10 |
| RADIOLOGY | 9,530 | 13,967 | 1,001,144.25 | /1.68 | .056 10 | 5.05 | 3.99 |
| @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE CROSSOVERS/ALL OTH OUTPTNT @STATE HOSPITAL MENTALLY ILL | 22,281 | 33,126 | 1,283,607.62 | \$ 134.55 1844.12 1450.58 1848.66 590.96 199.79 .00 591.93 .00 .00 .00 .00 .30.48 48.53 51.63 13.17 71.68 38.75 21.17 \$ 544.20 .00 544.20 \$ 146.06 | .132 5 | 7.61 | 5.12 |
| CROSSOVERS/ALL OTH OUTPTNT | 19,032 | 5/,2// | 1,212,685.30 | 21.1/ | .228 6 | 3.72 | 4.83 |
| @STATE HOSPITAL | 2 | 45 \$ | 24,489.17 | \$ 544.20 | .000 \$ 1224 | | |
| MENTALLY ILL | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| DEVELOP. DISABLED | 2 | 45 | 24,489.17 | 544.20 | .000 1224 | 4.59 | .10 |
| @NURSING FACILITY | 969 | 24,011 \$ | 3,507,159.54 | \$ 146.06 | .096 \$ 361 | | |
| @STATE HOSPITAL MENTALLY ILL DEVELOP. DISABLED @NURSING FACILITY LEV A-INTERMEDIATE LEV B-REHAB MD LEV B-SUBACUTE FREESTANDING | 0 | 45 \$ 0 45 24,011 \$ 0 253 671 0 0 23,087 | .00 24,489.17 3,507,159.54 .00 31,705.96 | .00 | .000 | .00 | .00 |
| LEV B-REHAB MD | 7 | 253 | 31,705.96 | 125.32 | .001 452 | | .13 |
| LEV B-SUBACUTE FREESTANDING LEV B-SUBACUTE HSPTL BASED LEV B-TRANSITIONAL IP CARE LEV B-REGULAR @INTERMEDIATE CARE FACILDD ICF DDH ICF DD ICF DDN/DDCN @HEMODIALYSIS TOTAL HOSPITAL BASED HEMODIALYSIS CENTER @REHABILITATION FACILITY HOSPITAL BASED INDEPENDENT FACILITY @LABORATORY FACILITY PATHOLOGY XO AND OTHERS @ORGANIZED OUTPATIENT CLINIC | 21 | 671 | 245,800.72 | 366.32 | .003 1170 | 4.80 | .98 |
| LEV B-SUBACUTE HSPTL BASED | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| LEV B-TRANSITIONAL IP CARE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| LEV B-REGULAR | 941 | 23,087 | 3,229,652.86 | 139.89 | .092 343 | 2.15 | 12.87 |
| @INTERMEDIATE CARE FACILDD | 297 | 8,933 \$ | 1,766,627.96 | \$ 197.76 172.02 .00 208.92 | .036 \$ 594 | 8.24 \$ | 7.04 |
| ICF DDH | 88 | 2,701 | 464,630.23 | 172.02 | .011 527 | 9.89 | 1.85 |
| ICF DD | 0 | , 0 | .00 | .00 | .000 | .00 | .00 |
| ICF DDN/DDCN | 209 | 2,701 0 6,232 | 464,630.23 .00 1,301,997.73 | 208.92 | .025 622 | 9.65 | 5.19 |
| @HEMODIALYSIS TOTAL | 480 | 10.408 \$ | 488,805.85 | \$ 46.96 | .041 \$ 101 | | 1.95 |
| HOSPITAL BASED | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| HEMODIALYSIS CENTER | 480 | 10.408 | 488.805.85 | 46.96 | | 8.35 | 1.95 |
| GREHARTITTATION FACTITTY | 848 | 9,932 \$ | 488,805.85 191,562.34 | \$ 19.29 | .040 \$ 22 | 5 90 S | |
| HOSPITAL BASED | 519 | 3 261 | 84,072.92 | 25.78 | | 1.99 | .34 |
| INDEPENDENT FACILITY | 329 | 6 671 | 107,489.42 | 16.11 | | 6.72 | .43 |
| ALABODATODA FACILITA | 7 830 | 30,317 \$ | 456 526 60 | \$ 15.06 | .121 \$ 5 | 8.30 \$ | |
| DATEOLOGY | 7,030 | 30 , 317 9 | 450,520.00 | \$ 15.06 15.09 8.50 | .120 5 | 8.61 | 1.82 |
| FAIROLOGI | 7,770 | 30 , 182 135 | 1,147.69 | 8.50 | .001 1 | 8.22 | .00 |
| AO AND OTHERS | FC 102 | 99,150 \$ | 1,14/.09 | 6 102 24 | .UUI I | | |
| @ORGANIZED OUTPATIENT CLINIC | 26,183 | 99,150 \$ | 10,13/,228.35 | ې ۱UZ.Z4 | .395 \$ 18 | 0.43 \$ | |
| CLINIC | Z, Z55 | 5,931 2,167 | 309,905.59 | 52.25 | .024 13 | 7.43 | 1.24 |
| SURGICENTER | 355 | 2,16/ | 83,068.24 | \$ 102.24 52.25 38.33 | .009 23 | 4.00 | .33 |
| HEROIN DETOX CLINIC | 11 | 160 | 1,925.96 | 12.04 | .001 1/ | 5.09 | .01 |
| CLINIC SURGICENTER HEROIN DETOX CLINIC RURAL HEALTH CLINIC | 54,316 | 90,892 | 9,742,328.56 | 107.19 | | 9.36 | 38.83 |
| #CALIF DEPT OF HEALTH SERV | MEDI-CAL SERVI | CES AND EXPENDITURES M | ONTH-OF-PAYMENT R | EPORT FOR JAN 200 | 4 THRU DEC 200 | 4 | PAGE 980 |

| DOTTE COUNTY | SUMMANT OF SEN | VICES FOR CASH GRANT | IOIAL | | | | |
|--------------------------------|----------------|----------------------|--------------------|--------------|----------|----------|----------|
| | | | | | MON | | |
| 250,875 ELIGIBLES | USERS | UNITS OF SERVICE | EXPENDITURES | AVERAGE COST | | COST PER | COST PER |
| | | OR DAYS OF CARE | | PER UNIT/DAY | PER ELIG | USER | ELIGIBLE |
| @ALL OTHER PROVIDERS | 28,129 | 846,138 \$ | 4,775,005.13 | \$ 5.64 | 3.373 \$ | 169.75 | \$ 19.03 |
| DURABLE MED. EQUIP. | 1,926 | 5 , 555 | 763,315.89 | 137.41 | .022 | 396.32 | 3.04 |
| BLOOD BANK | 14 | 9,102 | 27,306.00 | 3.00 | .036 | 1950.43 | .11 |
| HEARING AID DISPENSERS | 783 | 1,493 | 113,286.38 | 75.88 | .006 | 144.68 | .45 |
| MEDICAL TRANSPORTATION | 4,704 | 156 , 627 | 1,022,403.37 | 6.53 | .624 | 217.35 | 4.08 |
| AMBULANCES/AIR TRANS | 3,238 | 30,281 | 521,004.83 | 17.21 | .121 | 160.90 | 2.08 |
| OTHER TRANS | 1,510 | 125,348 | 425,376.24 | 3.39 | .500 | 281.71 | 1.70 |
| OTHER SERVICES | 161 | 998 | 76,022.30 | 76.17 | .004 | 472.19 | .30 |
| ACUPUNCTURE | 238 | 456 | 7,986.94 | 17.52 | .002 | 33.56 | .03 |
| ADULT DAY HEALTH CARE CTR | 344 | 4,132 | 287,685.52 | 69.62 | .016 | 836.30 | 1.15 |
| GENETIC DISEASE TESTING | 95 | 95 | 9,975.00 | 105.00 | .000 | 105.00 | .04 |
| IHMC, MODEL-NF, NF, AIDS, MSSP | 1,198 | 26,088 | 1,035,527.86 | 39.69 | .104 | 864.38 | 4.13 |
| OCCUPATIONAL THERAPIST | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OPTICIAN | 4,173 | 9,462 | 98,010.37 | 10.36 | .038 | 23.49 | .39 |
| PHYSICAL THERAPIST | 225 | 2,051 | 29 , 837.60 | 14.55 | .008 | 132.61 | .12 |
| PORTABLE X-RAY | 8 | 21 | 25.32 | 1.21 | .000 | 3.17 | .00 |
| PROSTHETIST/ORTHOTISTS | 307 | 831 | 127,511.73 | 153.44 | .003 | 415.35 | .51 |
| PROSTHETICS | 293 | 786 | 122,137.33 | 155.39 | .003 | 416.85 | .49 |
| ORTHOTICS | 14 | 45 | 5,374.40 | 119.43 | .000 | 383.89 | .02 |
| PSYCHOLOGIST | 70 | 248 | 15 , 633.15 | 63.04 | .001 | 223.33 | .06 |
| SPEECH AND AUDIOLOGY | 1,087 | 3 , 130 | 154,533.86 | 49.37 | .012 | 142.17 | .62 |
| HOSPICE SERVICES | 80 | 1,716 | 200,624.56 | 116.91 | .007 | 2507.81 | .80 |
| NONINST BIRTHING CENTERS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| LOCAL EDUCATION AGENCIES | 8,436 | 55 , 238 | 422,170.85 | 7.64 | .220 | 50.04 | 1.68 |
| EPSDT SUPPLEMENTAL SERVICE | 1 | 76 | 2,427.44 | 31.94 | .000 | 2427.44 | .01 |
| RESPIRATORY CARE PRACT. | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PED SUBACUTE REHAB/WEANING | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| | | | | | | | |

| ALL OTHER PROVIDERS | 6,883 | 569,817 | 456,743.29 | .80 | 2.271 | 66.36 | 1.8 | 32 |
|-------------------------------|--------|---------|--------------------|-------------|---------|---------|------|----|
| @CALIF. CHILDREN SERVICES* | 1,826 | 57,541 | \$ 2,979,947.23 | \$ 51.79 | .229 \$ | 1631.95 | 11.8 | 38 |
| @XOVER EXCLUDING STATE HOSP** | 18,937 | 149,602 | \$ 2,462,430.24 | \$ 16.46 | .596 \$ | 130.03 | 9.8 | 32 |

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 981
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05

| MOP024 | FEE-FOR-SERVIC | E/DENTAL | | | | | | 03/14/05 |
|----------------------------|----------------|------------------|--------|--------------|--------------|------------|----------|----------|
| BUTTE COUNTY | SUMMARY OF SER | JICES FOR 185% P | ROGRAM | - INFANTS | AID CODES 47 | 69 | | |
| | | | | | | | | GE |
| 3,209 ELIGIBLES | USERS | UNITS OF SERVIC | E | EXPENDITURES | AVERAGE COST | UNITS/DAYS | COST PER | COST PER |
| | | OR DAYS OF CAR | | | PER UNIT/DAY | | USER | ELIGIBLE |
| @TOTAL, ALL PROVIDERS | 1,785 | 6 , 398 | \$ | 529,223.57 | \$ 82.72 | 1.994 \$ | | |
| @PHYSICIANS SERVICES | 343 | 980 | \$ | | \$ 48.67 | .305 | | |
| OUTPATIENT VISITS | 215 | 288 | | 9,640.84 | 33.48 | .090 | 44.84 | 3.00 |
| OFFICE VISITS | 175 | 237 | | 7,293.16 | 30.77 | .074 | 41.68 | 2.27 |
| HOME VISITS | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| EMERGENCY ROOM | 38 | 43 | | 2,083.09 | 48.44 | .013 | 54.82 | .65 |
| PREVENTIVE CARE | 2 | 2 | | 45.33 | 22.67 | .001 | 22.67 | .01 |
| OB VISITS/COMPRE PERI | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| OTHER OUTPATIENT | 5 | 6 | | 219.26 | 36.54 | .002 | 43.85 | .07 |
| INPATIENT VISITS | 37 | 195 | | 18,911.87 | 96.98 | .061 | 511.13 | 5.89 |
| HOSPITAL VISITS | 35 | 128 | | 7,361.59 | 57.51 | .040 | 210.33 | 2.29 |
| CRITICAL CARE | 10 | 67 | | 11,550.28 | 172.39 | .021 | 1155.03 | 3.60 |
| SNF/ICF/TRANS IP CARE | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| OPHTHALMOLOGICAL SERVICES | 8 | 8 | | 354.45 | 44.31 | .002 | 44.31 | .11 |
| EXAMINATIONS | 8 | 8 | | 354.45 | 44.31 | .002 | 44.31 | .11 |
| SERVICES AND MATERIALS | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| INPATIENT HOSPITAL SURGERY | 11 | 80 | | 6,550.11 | 81.88 | .025 | 595.46 | 2.04 |
| PRINCIPAL SURGEON | 9 | 16 | | 4,850.53 | 303.16 | .005 | 538.95 | 1.51 |
| ASSISTANT SURGEON | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| ANESTHESIOLOGIST | 5 | 64 | | 1,699.58 | 26.56 | .020 | 339.92 | .53 |
| OUTPATIENT SURGERY | 14 | 53 | | 2,351.57 | 44.37 | .017 | 167.97 | .73 |
| PRINCIPAL SURGEON | 10 | 15 | | 1,540.80 | 102.72 | .005 | 154.08 | .48 |
| ASSISTANT SURGEON | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| ANESTHESIOLOGIST | 5 | 38 | | 810.77 | 21.34 | .012 | 162.15 | .25 |
| DIALYSIS | 2 | 32 | | 2,687.15 | 83.97 | .010 | 1343.58 | .84 |
| PATHOLOGY | 14 | 97 | | 965.98 | 9.96 | .030 | 69.00 | .30 |
| RADIOLOGY | 91 | 131 | | 2,853.06 | 21.78 | .041 | 31.35 | .89 |
| PSYCHIATRY | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| IMMUNIZATION AND INJECTION | 3 | 7 | | 96.55 | 13.79 | .002 | 32.18 | .03 |
| OTHER SERVICES/ALL X-OVERS | 61 | 89 | | 3,283.07 | 36.89 | .028 | 53.82 | 1.02 |
| @PHARMACY | 808 | 1,650 | \$ | 62,544.06 | \$ 37.91 | .514 | 77.41 | \$ 19.49 |
| PRESCRIPTION DRUGS | 802 | 1,618 | | 58,951.61 | 36.43 | .504 | 73.51 | 18.37 |
| SNF/ICF | 0 | . 0 | | .00 | .00 | .000 | .00 | .00 |
| OUTPATIENTS | 802 | 1,618 | | 58,951.61 | 36.43 | .504 | 73.51 | 18.37 |
| MEDICAL SUPPLIES | 26 | . 32 | | 3,592.45 | 112.26 | .010 | 138.17 | 1.12 |
| @DENTIST | 4 | 14 | \$ | 488.00 | \$ 34.86 | .004 | | \$.15 |
| VISITS - DIAGNOSTIC | 4 | 10 | | 208.00 | 20.80 | .003 | 52.00 | .06 |
| ORAL SURGERY | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| DRUGS | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| ANESTHESIA | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| PERIODONTICS | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| ENDODONTICS | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| RESTORATIVE DENTISTRY | 1 | 4 | | 280.00 | 70.00 | .001 | 280.00 | .09 |
| PROSTHETICS | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| | | | | | | | | |

| DENTURES, STAYPLATES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
|----------------------------|--------------------|----------------------|------------------|------------------|-----------|-------------|----------|
| SPACE MAINTAINERS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| MAXILLOFACIAL SERVICES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| FRACTURES, DISLOCATIONS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ORTHODONTIC SERVICES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER SERVICES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| #CALIF DEPT OF HEALTH SERV | MEDI-CAL SERVICES | AND EXPENDITURES MON | TH-OF-PAYMENT RE | PORT FOR JAN 200 | 4 THRU DE | C 2004 | PAGE 982 |
| MOP024 | FEE-FOR-SERVICE/DE | NTAL | | | | | 03/14/05 |
| BUTTE COUNTY | SUMMARY OF SERVICE | S FOR 185% PROGRAM | - INFANTS | AID CODES 47 69 |) | | |
| | | | | | MON | THLY AVERAG | E |
| 3,209 ELIGIBLES | USERS UN | ITS OF SERVICE | EXPENDITURES | AVERAGE COST UN | IITS/DAYS | COST PER | COST PER |
| | 0 | R DAYS OF CARE | | PER UNIT/DAY E | ER ELIG | USER | ELIGIBLE |
| 8 | | | | | | | |

| 20112 000111 | 001111111111111111111111111111111111111 | .1020 101. 1000 1 | | | | 2 00220 17 | MO | ONTHLY AVE | RAGE | |
|------------------------------|---|-------------------|----|--------------|----|------------|----------|------------|------|----------|
| 3,209 ELIGIBLES | USERS | UNITS OF SERVIC | E | EXPENDITURES | AV | ERAGE COST | | | | COST PER |
| • | | OR DAYS OF CAR | E | | PΕ | R UNIT/DAY | PER ELIG | USER | | ELIGIBLE |
| @OPTOMETRIST | 2 | 2 | \$ | 94.90 | \$ | 47.45 | .001 | \$ 47.4 | 5 \$ | .03 |
| DIAGNOSTIC AND ANC. PROCED | 2 | 2 | | 94.90 | | 47.45 | .001 | 47.4 | 5 | .03 |
| EYE APPLIANCES | 0 | 0 | | .00 | | .00 | .000 | .0 | 0 | .00 |
| OTHER OPTOMETRIC SERVICES | 0 | 0 | | .00 | | .00 | .000 | .0 | | .00 |
| @CHIROPRACTOR | 0 | 0 | \$ | .00 | \$ | .00 | .000 | \$.0 | 0 \$ | .00 |
| VISITS | 0 | 0 | | .00 | | .00 | .000 | .0 | | .00 |
| OTHER SERVICES | 0 | 0 | | .00 | | .00 | .000 | .0 | 0 | .00 |
| @PODIATRIST | 0 | 0 | \$ | .00 | \$ | .00 | .000 | \$.0 | 0 \$ | .00 |
| MEDICINE/INJECTIONS | 0 | 0 | | .00 | | .00 | .000 | .0 | 0 | .00 |
| SURGERY/ANES. | 0 | 0 | | .00 | | .00 | .000 | .0 | | .00 |
| RADIO./PATHOLOGY | 0 | 0 | | .00 | | .00 | .000 | .0 | 0 | .00 |
| OTHER | 0 | 0 | | .00 | | .00 | .000 | .0 | | .00 |
| @HOME HEALTH AGENCY | 14 | 353 | \$ | 11,131.16 | \$ | 31.53 | .110 | | | |
| NURSE ANESTHESIST | 1 | 6 | \$ | 104.91 | \$ | 17.49 | | \$ 104.9 | | .03 |
| NURSE MIDWIFE | 0 | 0 | \$ | .00 | \$ | .00 | | \$.0 | | .00 |
| PEDIATRIC NURSE PRACTITIONER | 0 | 0 | \$ | .00 | \$ | .00 | | \$.0 | | .00 |
| FAMILY NURSE PRACTITIONER | 0 | 0 | \$ | .00 | \$ | .00 | | \$.0 | | |
| @TOTAL HOSPITAL | 628 | 1,856 | \$ | 268,659.36 | \$ | 144.75 | .578 | \$ 427.8 | | |
| HOSP INPATIENT TOTAL | 20 | 135 | | 210,952.05 | | 1562.61 | .042 | 10547.6 | | 65.74 |
| HSC HOSPITALS | 7 | 94 | | 168,266.00 | | 1790.06 | .029 | 24038.0 | | 52.44 |
| NON-HSC HOSPITAL TOTAL | 13 | 41 | | 42,686.05 | | 1041.12 | .013 | 3283.5 | | 13.30 |
| ACCOMMODATIONS | 13 | 41 | | 21,160.80 | | 516.12 | .013 | 1627.7 | | 6.59 |
| ADMINISTRATIVE DAYS | 0 | 0 | | .00 | | .00 | .000 | .0 | 0 | .00 |
| TRANSITIONAL IP CARE | 0 | 0 | | .00 | | .00 | .000 | .0 | 0 | .00 |
| ALL OTHER ACCOM | 13 | 41 | | 21,160.80 | | 516.12 | .013 | 1627.7 | | 6.59 |
| ANCILLARIES | 13 | 0 | | 21,525.25 | | .00 | .000 | 1655.7 | 9 | 6.71 |
| INPATIENT CROSSOVERS | 0 | 0 | | .00 | | .00 | .000 | .0 | 0 | .00 |
| ALL OTHER INPATIENT | 0 | 0 | | .00 | | .00 | .000 | .0 | | .00 |
| HOSP OUTPATIENT TOTAL | 616 | 1,721 | | 57,707.31 | | 33.53 | .536 | 93.6 | 8 | 17.98 |
| MEDICAL | 377 | 587 | | 23,681.43 | | 40.34 | .183 | 62.8 | 2 | 7.38 |
| SURGERY | 15 | 17 | | 1,266.50 | | 74.50 | .005 | 84.4 | | .39 |
| PATHOLOGY | 93 | 203 | | 3,003.58 | | 14.80 | .063 | 32.3 | | .94 |
| RADIOLOGY | 52 | 56 | | 2,174.44 | | 38.83 | .017 | 41.8 | | .68 |
| ROOM USE | 513 | 719 | | 25,632.56 | | 35.65 | .224 | 49.9 | | 7.99 |
| CROSSOVERS/ALL OTH OUTPTNT | 103 | 139 | | 1,948.80 | | 14.02 | .043 | 18.9 | 2 | .61 |
| @COUNTY HOSPITAL TOTAL | 1 | 10 | \$ | 11,950.00 | \$ | 1195.00 | .003 | \$ 11950.0 | 0 \$ | 3.72 |
| CO HOSPITAL INPATIENT TOTAL | 1 | 10 | | 11,950.00 | | 1195.00 | .003 | 11950.0 | | 3.72 |
| HSC HOSPITALS | 1 | 10 | | 11,950.00 | | 1195.00 | .003 | 11950.0 | | 3.72 |
| NON-HSC HOSPITALS TOTAL | 0 | 0 | | .00 | | .00 | .000 | .0 | 0 | .00 |
| ACCOMMODATIONS | 0 | 0 | | .00 | | .00 | .000 | .0 | 0 | .00 |
| ADMINISTRATIVE DAYS | 0 | 0 | | .00 | | .00 | .000 | .0 | 0 | .00 |
| TRANSITIONAL IP CARE | 0 | 0 | | .00 | | .00 | .000 | .0 | 0 | .00 |
| ALL OTHER ACCOM | 0 | 0 | | .00 | | .00 | .000 | .0 | 0 | .00 |
| ANCILLARIES | 0 | 0 | | .00 | | .00 | .000 | .0 | 0 | .00 |
| | | | | | | | | | | |

| T1177 #TT11# 07 0 0 0 0 0 1 1 1 7 1 | 0 | 0 | 0.0 | 0.0 | 0.00 | 0.0 | 0.0 |
|--|-----------------|--|--------------------------|-------------------------|--------------|---------------|----------|
| INPATIENT CROSSOVERS | U | 0 | .00 | .00 | .000 | .00 | .00 |
| INPATIENT CROSSOVERS ALL OTHER INPATIENT CO HOSP OUTPATIENT TOTAL | Ü | 0 | .00 | .00 | .000 | | .00 |
| | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| MEDICAL | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| SURGERY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PATHOLOGY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| RADIOLOGY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ROOM USE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| CROSSOVERS/ALL OTH OUTPINT | 0 | 0 | .00 | .00 | .000 | | .00 |
| #CALIF DEPT OF HEALTH SERV | - | ~ | | | | | |
| | | | H-OF-PAIMENT RE | LPORT FOR JAN 2 | 2004 THRU DE | L 2004 | |
| | FEE-FOR-SERVICE | | | | | | 03/14/05 |
| BUTTE COUNTY | SUMMARY OF SERV | ICES FOR 185% PROGRAM - | - INFANTS | AID CODES 47 | | | |
| | | | | | | ITHLY AVERAGE | ፫ |
| 3,209 ELIGIBLES | USERS | UNITS OF SERVICE | EXPENDITURES | | | | COST PER |
| | | OR DAYS OF CARE | | PER UNIT/DAY | PER ELIG | USER | ELIGIBLE |
| @COMMUNITY HOSPITAL TOTAL | 627 | 1,846 \$ | 256,709.36 199,002.05 | \$ 139.06 | .575 \$ | 409.42 | 80.00 |
| COMM HOSP INPATIENT TOTAL | 19 | 125 | 199,002.05 | 1592.02 | | 10473.79 | 62.01 |
| HSC HOSPITALS | -6 | 84 | 156-316-00 | 1860 90 | .026 | | 48.71 |
| NON-REC ROSDILITE TOTAL | 13 | / 1 | 12 686 05 | 1041 12 | 013 | 3283.54 | 13.30 |
| ACCOMMODATIONS | 13 | 4.1 | 21 160 90 | 516 12 | 013 | 1627.75 | 6.59 |
| ACCOMMODATIONS | 13 | 41 | 21,160.60 | 310.12 | .013 | 1027.73 | 0.39 |
| ADMINISTRATIVE DAYS | U | U | .00 | .00 | .000 | | .00 |
| TRANSITIONAL IP CARE | 0 | 0 | .00 | .00 | .000 | | .00 |
| ALL OTHER ACCOM | 13 | 41 | 21,160.80 | 516.12 | .013 | 1627.75 | 6.59 |
| ANCILLARIES | 13 | 0 | 21,525.25 | .00 | .000 | 1655.79 | 6.71 |
| INPATIENT CROSSOVERS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER INPATIENT | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| 3,209 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL | 616 | 1.721 | 57,707.31 | 33.53 | .000 .536 | 93.68 | 17.98 |
| MEDICAL | 377 | 125 84 41 41 0 0 41 0 0 0 1,721 587 | 23,681.43 | 40.34 74.50 14.80 | .183 | 62.82 | 7.38 |
| SURGERY | 1 5 | 1 7 | 1,266.50 | 74 50 | .005 | | |
| PATHOLOGY | 0.3 | 202 | 3,003.58 | 14.00 | .063 | 32.30 | |
| PARTOLOGI | 93 | 203 | 3,003.30 | 14.00 | .003 | | |
| RADIOLOGY | 52 | 56 | 2,174.44 | 38.83 | .017 | 41.82 | .68 |
| ROOM USE | 513 | /19 | 25,632.56 | 35.65 | .224 | 49.97 | 7.99 |
| INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE CROSSOVERS/ALL OTH OUTPINT | 103 | 203 56 719 139 0 \$ | 1,948.80 | | .043 | 18.92 | .61 |
| @STATE HOSPITAL MENTALLY ILL DEVELOP. DISABLED @NURSING FACILITY LEV A-INTERMEDIATE | 0 | Ŭ T | .00 | | .000 \$ | | • |
| MENTALLY ILL | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| DEVELOP. DISABLED | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| @NURSING FACILITY | 0 | 0 \$ | .00 | \$.00 | .000 \$ | .00 | .00 |
| LEV A-INTERMEDIATE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| LEV B-REHAB MD | 0 | 0 | .00 | .00 | .000 | | .00 |
| LEV B-SUBACUTE FREESTANDING | 0 | 0 | .00 | .00 | .000 | | .00 |
| LEV B-SUBACUTE HSPTL BASED | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| | 0 | 0 | .00 | .00 | .000 | .00 | |
| LEV B-TRANSITIONAL IP CARE | 0 | | | | | | .00 |
| LEV B-REGULAR | U | 0 | .00 | .00 | .000 | | .00 |
| @INTERMEDIATE CARE FACILDD | 0 | 0 \$ | .00 | | .000 \$ | | • |
| ICF DDH | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ICF DD | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ICF DDN/DDCN | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| @HEMODIALYSIS TOTAL | 0 | 0 \$ | .00 | \$.00 | .000 \$ | .00 \$ | .00 |
| HOSPITAL BASED | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| HEMODIALYSIS CENTER | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| @REHABILITATION FACILITY | 0 | 0 \$ | .00 | \$.00 | .000 \$ | | |
| HOSPITAL BASED | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| | | | | | | | |
| INDEPENDENT FACILITY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| @LABORATORY FACILITY | 23 | 34 \$ | 347.98 | \$ 10.23 | .011 \$ | | • |
| PATHOLOGY | 23 | 34 | 347.98 | 10.23 | .011 | 15.13 | .11 |
| XO AND OTHERS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| | | | | | | | |

| @ORGANIZED OUTPATIENT CLINIC | 700 | 1,083 \$ | 132,768.01 | \$ 122.59 | .337 \$ | 189.67 | \$ | 41.37 |
|--|------------------|--|-------------------|-----------------|----------------|----------|-----|----------|
| CLINIC | 2 | 3 | 151.67 | 50.56 | .001 | 75.84 | | .05 |
| SURGICENTER | 0 | 0 | .00 | .00 | .000 | .00 | | .00 |
| HEROIN DETOX CLINIC | 0 | 0 | .00 | | .000 | .00 | | .00 |
| | 698 | 1,080 | 132,616.34 | | .337 | | | 41.33 |
| #CALIF DEPT OF HEALTH SERV | | ES AND EXPENDITURES MOI | | | | | DAC | GE 984 |
| | | | NIH-OF-PAIMENI F | REPORT FOR JAN | ZUU4 IRKU DEG | 2004 | PAG | |
| MOP024 | FEE-FOR-SERVICE | | | | | | | 03/14/05 |
| BUTTE COUNTY | SUMMARY OF SERV | ICES FOR 185% PROGRAM | - INFANTS | AID CODES 47 | | | | |
| | | | | | MON | | .GE | |
| 3,209 ELIGIBLES | USERS | UNITS OF SERVICE | EXPENDITURES | AVERAGE COST | UNITS/DAYS | COST PER | CC | OST PER |
| | | OR DAYS OF CARE | | PER UNIT/DAY | Y PER ELIG | USER | ΕI | LIGIBLE |
| @ALL OTHER PROVIDERS | 34 | 420 \$ | 5,390.54 | \$ 12.83 | .131 \$ | 158.55 | \$ | 1.68 |
| DURABLE MED. EOUIP. | | 27 | 1,585.41 | 58.72 | .008 | 66.06 | | .49 |
| BI'UUD BANK | 1 | 352 | 1,056.00 | | .110 | 1056.00 | | .33 |
| DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER SERVICES | 0 | 0 | .00 | | .000 | .00 | | .00 |
| MEDICAL TRANSPORTATION | 6 | 22 | 2,488.67 | | .010 | 414.78 | | .78 |
| MEDICAL IRANSFORTATION | 0 | 33 | • | | | 137.73 | | |
| AMBULANCES/AIR TRANS | 5 | 32 | 688.67 | | | | | .21 |
| OTHER TRANS | Ü | 0 | .00 | .00 | .000 | .00 | | .00 |
| OTHER SERVICES | 1 | 1 | 1,800.00 | | | 1800.00 | | .56 |
| ACUPUNCTURE | 0 | 0 | .00 | .00 | .000 | .00 | | .00 |
| ADULT DAY HEALTH CARE CTR | 0 | 0 | .00 | .00 | .000 | .00 | | .00 |
| GENETIC DISEASE TESTING | 0 | 0 | .00 | .00 | .000 | .00 | | .00 |
| IHMC, MODEL-NF, NF, AIDS, MSSP | 0 | 0 | .00 | .00 | .000 | .00 | | .00 |
| OCCUPATIONAL THERAPIST | Ô | 0 | .00 | .00 | .000 | .00 | | .00 |
| OPTICIAN | 1 | 4 | 25.58 | 6.40 | .001 | 25.58 | | .01 |
| DIVETCAL MILEDADICM | 1 | 0 | .00 | .00 | .000 | .00 | | .00 |
| PODERDIE V DAV | 0 | 0 | | | | | | |
| PORTABLE X-RAY | U | U | .00 | .00 | .000 | .00 | | .00 |
| ADULT DAY HEALTH CARE CTR GENETIC DISEASE TESTING IHMC, MODEL-NF, NF, AIDS, MSSP OCCUPATIONAL THERAPIST OPTICIAN PHYSICAL THERAPIST PORTABLE X-RAY PROSTHETIST/ORTHOTISTS PROSTHETICS ORTHOTICS PSYCHOLOGIST SPEECH AND AUDIOLOGY HOSPICE SERVICES NONINST BIRTHING CENTERS LOCAL EDUCATION AGENCIES | 1 | 352 0 33 32 0 1 0 0 0 0 0 0 4 0 0 0 0 1 1 1 0 0 0 0 | 100.03 | 100.03 | .000 | 100.03 | | .03 |
| PROSTHETICS | 1 | 1 | 100.03 | 100.03 | .000 | 100.03 | | .03 |
| ORTHOTICS | 0 | 0 | .00 | .00 | .000 | .00 | | .00 |
| PSYCHOLOGIST | 0 | 0 | .00 | .00 | .000 | .00 | | .00 |
| SPEECH AND AUDIOLOGY | 1 | 2 | 110.19 | | .001 | 110.19 | | .03 |
| HOSPICE SERVICES | 0 | 0 | .00 | .00 | .000 | .00 | | .00 |
| NONINST BIRTHING CENTERS | 0 | 0 | .00 | .00 | .000 | .00 | | .00 |
| LOCAL EDUCATION AGENCIES | 0 | 0 | .00 | .00 | .000 | .00 | | .00 |
| EPSDT SUPPLEMENTAL SERVICE | 0 | 0 | .00 | .00 | .000 | .00 | | .00 |
| | 0 | 0 | | | | | | |
| RESPIRATORY CARE PRACT. | U | U | .00 | .00 | .000 | .00 | | .00 |
| PED SUBACUTE REHAB/WEANING | O | 0 | .00 | | .000 | .00 | | .00 |
| ALL OTHER PROVIDERS | 1 | 1 | 24.66 | | .000 | 24.66 | | .01 |
| @CALIF. CHILDREN SERVICES* | | 1,264 \$ | | \$ 140.84 | .394 \$ | 5742.68 | \$ | 55.48 |
| @XOVER EXCLUDING STATE HOSP** | 0 | 0 \$ | .00 | \$.00 | .000 \$ | .00 | \$ | .00 |
| 0* TOTALS IN THESE LINES ARE | GIVEN AS A SEPAR | ATE INFORMATION ITEM O | NLY; | | | | | |
| THE AMOUNTS ARE ALREADY IN | CLUDED IN THE AP | PROPRIATE DETAIL LINES | ABOVE. | | | | | |
| ** THESE DATA ARE INCLUDED 1 | | | | | | | | |
| #CALIF DEPT OF HEALTH SERV | | ES AND EXPENDITURES MOI | NTH-OF-DAVMENT E | NAT. ROR TROPER | 2004 THRII DEC | ~ 2004 | PAG | GE 985 |
| MOP024 | FEE-FOR-SERVICE | | NIII OF FAIMENT P | ALFORT FOR OAN | ZUU4 IIIKU DEK | 2004 | | 03/14/05 |
| BUTTE COUNTY | | ICES FOR 185% PROGRAM | DDECNAME A | NTD CODEC 44 40 | 10 | | | 03/14/03 |
| BUTTE COUNTY | SUMMARY OF SERV | ICES FOR 185% PROGRAM | - PREGNANT A | AID CODES 44 48 | | | ~- | |
| | | | | | MON | | | |
| 4,106 ELIGIBLES | USERS | UNITS OF SERVICE | EXPENDITURES | | T UNITS/DAYS | | | OST PER |
| | | OR DAYS OF CARE | | PER UNIT/DAY | Y PER ELIG | USER | | LIGIBLE |
| @TOTAL, ALL PROVIDERS | 3 , 125 | 20,087 \$ | 1,990,067.00 | \$ 99.07 | 4.892 \$ | 636.82 | \$ | 484.67 |
| @PHYSICIANS SERVICES | 1,074 | 3,165 \$ | 294,238.87 | \$ 92.97 | .771 \$ | 273.97 | \$ | 71.66 |
| OUTPATIENT VISITS | 370 | 539 | 46,070.11 | 85.47 | .131 | 124.51 | | 11.22 |
| OFFICE VISITS | 114 | 122 | 6,723.05 | 55.11 | .030 | 58.97 | | 1.64 |
| HOME VISITS | 0 | 0 | .00 | .00 | .000 | .00 | | .00 |
| EMERGENCY ROOM | 28 | 29 | 1,740.41 | 60.01 | .007 | 62.16 | | .42 |
| EMEVGENCI KOOM | ۷٥ | 29 | 1, /40.41 | 00.01 | .007 | 02.10 | | . 4 ∠ |

| PREVENTIVE CARE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
|----------------------------|-----|-------|-----------------|-------------|------|-------------|-------------|
| OB VISITS/COMPRE PERI | 255 | 388 | 37,606.65 | 96.92 | .094 | 147.48 | 9.16 |
| OTHER OUTPATIENT | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| INPATIENT VISITS | 213 | 548 | 31,873.23 | 58.16 | .133 | 149.64 | 7.76 |
| HOSPITAL VISITS | 204 | 433 | 17,917.19 | 41.38 | .105 | 87.83 | 4.36 |
| CRITICAL CARE | 13 | 115 | 13,956.04 | 121.36 | .028 | 1073.54 | 3.40 |
| SNF/ICF/TRANS IP CARE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OPHTHALMOLOGICAL SERVICES | 1 | 2 | 83.38 | 41.69 | .000 | 83.38 | .02 |
| EXAMINATIONS | 1 | 2 | 83.38 | 41.69 | .000 | 83.38 | .02 |
| SERVICES AND MATERIALS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| INPATIENT HOSPITAL SURGERY | 257 | 1,262 | 181,685.96 | 143.97 | .307 | 706.95 | 44.25 |
| PRINCIPAL SURGEON | 181 | 195 | 158,576.44 | 813.21 | .047 | 876.11 | 38.62 |
| ASSISTANT SURGEON | 34 | 34 | 6,341.00 | 186.50 | .008 | 186.50 | 1.54 |
| ANESTHESIOLOGIST | 86 | 1,033 | 16,768.52 | 16.23 | .252 | 194.98 | 4.08 |
| OUTPATIENT SURGERY | 45 | 115 | 4,116.17 | 35.79 | .028 | 91.47 | 1.00 |
| PRINCIPAL SURGEON | 39 | 63 | 2,875.47 | 45.64 | .015 | 73.73 | .70 |
| ASSISTANT SURGEON | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ANESTHESIOLOGIST | 9 | 52 | 1,240.70 | 23.86 | .013 | 137.86 | .30 |
| DIALYSIS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PATHOLOGY | 91 | 115 | 4,158.43 | 36.16 | .028 | 45.70 | 1.01 |
| RADIOLOGY | 401 | 485 | 22,507.47 | 46.41 | .118 | 56.13 | 5.48 |
| PSYCHIATRY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| IMMUNIZATION AND INJECTION | 10 | 20 | 413.02 | 20.65 | .005 | 41.30 | .10 |
| OTHER SERVICES/ALL X-OVERS | 47 | 79 | 3,331.10 | 42.17 | .019 | 70.87 | .81 |
| @PHARMACY | 835 | 2,246 | \$ 53,305.46 | \$ 23.73 | .547 | \$ 63.84 | \$ 12.98 |
| PRESCRIPTION DRUGS | 795 | 1,522 | 41,984.23 | 27.58 | .371 | 52.81 | 10.23 |
| SNF/ICF | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OUTPATIENTS | 795 | 1,522 | 41,984.23 | 27.58 | .371 | 52.81 | 10.23 |
| MEDICAL SUPPLIES | 86 | 724 | 11,321.23 | 15.64 | .176 | 131.64 | 2.76 |
| @DENTIST | 19 | 63 | \$ 1,139.40 | \$ 18.09 | .015 | \$ 59.97 | \$.28 |
| VISITS - DIAGNOSTIC | 14 | 33 | 403.00 | 12.21 | .008 | 28.79 | .10 |
| ORAL SURGERY | 6 | 6 | 260.00 | 43.33 | .001 | 43.33 | .06 |

| DRUGS | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
|------------------------------|-----------------|------------------|----------|---------------------|----------|-------------------|-------------|------|-------------|----|----------|
| ANESTHESIA | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| PERIODONTICS | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| ENDODONTICS | 9 | 12 | | 260.00 | | 21.67 | .003 | | 28.89 | | .06 |
| RESTORATIVE DENTISTRY | 1 | 11 | | 216.40 | | 19.67 | .003 | | 54.10 | | .05 |
| | 4 | 0 | | | | | | | | | |
| PROSTHETICS | 0 | • | | .00 | | .00 | .000 | | .00 | | .00 |
| DENTURES, STAYPLATES | Ü | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| SPACE MAINTAINERS | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| MAXILLOFACIAL SERVICES | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| FRACTURES, DISLOCATIONS | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| ORTHODONTIC SERVICES | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| ALL OTHER SERVICES | 1 | 1 | | .00 | | .00 | .000 | | .00 | | .00 |
| #CALIF DEPT OF HEALTH SERV | MEDI-CAL SERVIO | CES AND EXPENDIT | URES MON | TH-OF-PAYMENT R | EPORT | FOR JAN | 2004 THRU 1 | DEC | 2004 | P | AGE 986 |
| MOP024 | FEE-FOR-SERVICE | | | | | | | | | | 03/14/05 |
| BUTTE COUNTY | | JICES FOR 185% | PROCRAM | - PRECNANT A | TD CC | DES 44 48 | 1 Q | | | | 03/11/03 |
| BOITE COONTI | SOMMANI OF SERV | VICES FOR 105% | FIXOGIAM | FINEGUANI A | LD CC | DES 44 40 | M | חואר | ממשעע אינוי | CE | |
| 4 106 BLIGHBIRG | HGEDG | IDITED OF SERVIT | CT. | | 7 7 7 7 | D A C D C C C C C | | | | | |
| 4,106 ELIGIBLES | USERS | UNITS OF SERVI | | EXPENDITURES | | | UNITS/DAY: | 5 | COST PER | | COST PER |
| _ | _ | OR DAYS OF CA | | | | R UNIT/DAY | | | USER | | ELIGIBLE |
| @OPTOMETRIST | 0 | 0 | \$ | .00 | \$ | .00 | .000 | Ş | .00 | Ş | .00 |
| DIAGNOSTIC AND ANC. PROCED | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| EYE APPLIANCES | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| OTHER OPTOMETRIC SERVICES | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| @CHIROPRACTOR | 0 | 0 | \$ | .00 | \$ | .00 | .000 | \$ | .00 | \$ | .00 |
| VISITS | 0 | 0 | | .00 | | .00 | .000 | • | .00 | · | .00 |
| OTHER SERVICES | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| @PODIATRIST | 0 | 0 | \$ | .00 | \$ | .00 | .000 | Ċ | .00 | Ċ | .00 |
| MEDICINE/INJECTIONS | 0 | 0 | Y | .00 | Ÿ | .00 | .000 | Y | .00 | Y | .00 |
| | 0 | 0 | | | | | | | | | |
| SURGERY/ANES. | 0 | - | | .00 | | .00 | .000 | | .00 | | .00 |
| RADIO./PATHOLOGY | • | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| OTHER | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| @HOME HEALTH AGENCY | 92 | 153 | \$ | 8 , 359.45 | \$ | | .037 | \$ | 90.86 | \$ | 2.04 |
| NURSE ANESTHESIST | 15 | 168 | \$ | 2 , 059.29 | \$ | 12.26 | .041 | \$ | 137.29 | \$ | .50 |
| NURSE MIDWIFE | 711 | 6 , 231 | \$ | 134,092.09 | \$ | 21.52 | 1.518 | \$ | 188.60 | \$ | 32.66 |
| PEDIATRIC NURSE PRACTITIONER | 0 | 0 | \$ | .00 | \$ | .00 | .000 | \$ | .00 | \$ | .00 |
| FAMILY NURSE PRACTITIONER | 0 | 0 | \$ | .00 | \$ | .00 | .000 | \$ | .00 | \$ | .00 |
| @TOTAL HOSPITAL | 1,273 | 5,274 | S | 1,351,522.96 | Ś | 256.26 | | | 1061.68 | | 329.16 |
| HOSP INPATIENT TOTAL | 288 | 1,246 | 4 | 1,247,992.09 | 7 | 1001.60 | .303 | 4 | 4333.31 | 4 | 303.94 |
| HSC HOSPITALS | 13 | 148 | | 209,840.08 | | 1417.84 | .036 | | 16141.54 | | 51.11 |
| NON-HSC HOSPITAL TOTAL | 276 | 1,098 | | | | 945.49 | .267 | | 3761.42 | | 252.84 |
| | | | | 1,038,152.01 | | | | | | | |
| ACCOMMODATIONS | 276 | 1,098 | | 425,310.17 | | 387.35 | .267 | | 1540.98 | | 103.58 |
| ADMINISTRATIVE DAYS | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| TRANSITIONAL IP CARE | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| ALL OTHER ACCOM | 276 | 1,098 | | 425,310.17 | | 387.35 | .267 | | 1540.98 | | 103.58 |
| ANCILLARIES | 276 | 0 | | 612 , 841.84 | | .00 | .000 | | 2220.44 | | 149.26 |
| INPATIENT CROSSOVERS | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| ALL OTHER INPATIENT | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| HOSP OUTPATIENT TOTAL | 1,136 | 4,028 | | 103,530.87 | | 25.70 | .981 | | 91.14 | | 25.21 |
| MEDICAL | 154 | 223 | | 12,945.58 | | 58.05 | .054 | | 84.06 | | 3.15 |
| SURGERY | 49 | 61 | | 2,093.86 | | 34.33 | .015 | | 42.73 | | .51 |
| PATHOLOGY | 677 | 2,160 | | 31,259.18 | | 14.47 | .526 | | 46.17 | | 7.61 |
| RADIOLOGY | 305 | 329 | | 22,596.50 | | 68.68 | .080 | | 74.09 | | 5.50 |
| | 409 | 639 | | 23,342.54 | | 36.53 | .156 | | 57.07 | | |
| ROOM USE | | | | · · | | | | | | | 5.68 |
| CROSSOVERS/ALL OTH OUTPTNT | | 616 | • | 11,293.21 | <u> </u> | 18.33 | .150 | _ | 43.77 | ~ | 2.75 |
| @COUNTY HOSPITAL TOTAL | 3 | 24 | \$ | 678.75 | \$ | 28.28 | .006 | Ş | 226.25 | Ş | .17 |
| CO HOSPITAL INPATIENT TOTAL | | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| HSC HOSPITALS | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| | | | | | | | | | | | |

| | 0 | 0 | | 0.0 | | | 0.0 | | 0.0 |
|-----------------------------|-----------------|------------------|---------|-----------------|--------------|-----------------|-------------|----|----------|
| NON-HSC HOSPITALS TOTAL | 0 | 0 | | .00 | .0 | | .00 | | .00 |
| ACCOMMODATIONS | 0 | 0 | | .00 | .0 | | .00 | | .00 |
| ADMINISTRATIVE DAYS | 0 | 0 | | .00 | .0 | | .00 | | .00 |
| TRANSITIONAL IP CARE | 0 | 0 | | .00 | . 0 | | .00 | | .00 |
| ALL OTHER ACCOM | 0 | 0 | | .00 | .0 | | .00 | | .00 |
| ANCILLARIES | 0 | 0 | | .00 | . 0 | | .00 | | .00 |
| INPATIENT CROSSOVERS | 0 | 0 | | .00 | .0 | | .00 | | .00 |
| ALL OTHER INPATIENT | 0 | 0 | | .00 | . 0 | | .00 | | .00 |
| CO HOSP OUTPATIENT TOTAL | 3 | 24 | | 678.75 | 28.2 | | 226.25 | | .17 |
| MEDICAL | 0 | 0 | | .00 | .0 | .000 | .00 | | .00 |
| SURGERY | 1 | 2 | | 61.20 | 30.6 | .000 | 61.20 | | .01 |
| PATHOLOGY | 2 | 11 | | 164.82 | 14.9 | .003 | 82.41 | | .04 |
| RADIOLOGY | 1 | 1 | | 82.48 | 82.4 | .000 | 82.48 | | .02 |
| ROOM USE | 2 | 5 | | 313.53 | 62.7 | .001 | 156.77 | | .08 |
| CROSSOVERS/ALL OTH OUTPTNT | 3 | 5 | | 56.72 | 11.3 | .001 | 18.91 | | .01 |
| #CALIF DEPT OF HEALTH SERV | MEDI-CAL SERVIC | ES AND EXPENDITU | RES MON | TH-OF-PAYMENT F | REPORT FOR J | AN 2004 THRU D | EC 2004 | P | AGE 987 |
| MOP024 | FEE-FOR-SERVICE | /DENTAL | | | | | | | 03/14/05 |
| BUTTE COUNTY | | ICES FOR 185% PI | ROGRAM | - PREGNANT A | AID CODES 44 | 48 49 | | | , , , |
| | | | | | | | NTHLY AVERA | GE | |
| 4,106 ELIGIBLES | USERS | UNITS OF SERVICE | E | EXPENDITURES | AVERAGE C | COST UNITS/DAYS | | | COST PER |
| -, | | OR DAYS OF CAR | | | | DAY PER ELIG | USER | | ELIGIBLE |
| @COMMUNITY HOSPITAL TOTAL | 1,271 | 5,250 | \$ | 1,350,844.21 | \$ 257.3 | | \$ 1062.82 | | |
| COMM HOSP INPATIENT TOTAL | 288 | 1,246 | τ | 1,247,992.09 | 1001.6 | | 4333.31 | т | 303.94 |
| HSC HOSPITALS | 13 | 148 | | 209,840.08 | 1417.8 | | 16141.54 | | 51.11 |
| NON-HSC HOSPITALS TOTAL | 276 | | | 1,038,152.01 | 945.4 | | 3761.42 | | 252.84 |
| ACCOMMODATIONS | 276 276 | 1,098 1,098 | | 425,310.17 | 387.3 | | 1540.98 | | 103.58 |
| ADMINISTRATIVE DAYS | 0 | 1,090 | | .00 | .0 | | .00 | | .00 |
| TRANSITIONAL IP CARE | 0 | 0 | | .00 | .0 | | .00 | | .00 |
| ALL OTHER ACCOM | 0 276 | 1,098 | | 425,310.17 | 387.3 | | 1540.98 | | 103.58 |
| ANCILLARIES | 276 | 1,098 | | 612,841.84 | 307.3 | | 2220.44 | | 149.26 |
| INPATIENT CROSSOVERS | 0 | 0 | | .00 | .0 | | .00 | | .00 |
| | 0 | 0 | | .00 | .0 | | | | .00 |
| ALL OTHER INPATIENT | · · | | | | 25.6 | | .00 | | |
| COMM HOSP OUTPATIENT TOTAL | , - | 4,004 | | 102,852.12 | | | 90.70 | | 25.05 |
| MEDICAL | 154 | 223 | | 12,945.58 | 58.0 | | 84.06 | | 3.15 |
| SURGERY | 48 | 59 | | 2,032.66 | 34.4 | | 42.35 | | .50 |
| PATHOLOGY | 675 | 2,149 | | 31,094.36 | 14.4 | | 46.07 | | 7.57 |
| RADIOLOGY | 304 | 328 | | 22,514.02 | 68.6 | | 74.06 | | 5.48 |
| ROOM USE | 407 | 634 | | 23,029.01 | 36.3 | | 56.58 | | 5.61 |
| CROSSOVERS/ALL OTH OUTPTNT | | 611 | _ | 11,236.49 | 18.3 | | 44.06 | _ | 2.74 |
| @STATE HOSPITAL | 0 | 0 | \$ | .00 | \$.0 | | | Ş | .00 |
| MENTALLY ILL | 0 | 0 | | .00 | . 0 | | .00 | | .00 |
| DEVELOP. DISABLED | 0 | 0 | | .00 | . 0 | | .00 | | .00 |
| @NURSING FACILITY | 0 | 0 | \$ | .00 | \$.0 | | | \$ | .00 |
| LEV A-INTERMEDIATE | 0 | 0 | | .00 | .0 | | .00 | | .00 |
| LEV B-REHAB MD | 0 | 0 | | .00 | . 0 | | .00 | | .00 |
| LEV B-SUBACUTE FREESTANDING | | 0 | | .00 | . 0 | | .00 | | .00 |
| LEV B-SUBACUTE HSPTL BASED | 0 | 0 | | .00 | .0 | .000 | .00 | | .00 |
| LEV B-TRANSITIONAL IP CARE | 0 | 0 | | .00 | .0 | .000 | .00 | | .00 |
| LEV B-REGULAR | 0 | 0 | | .00 | .0 | .000 | .00 | | .00 |
| @INTERMEDIATE CARE FACILDD | 0 | 0 | \$ | .00 | \$.0 | | \$.00 | \$ | .00 |
| ICF DDH | 0 | 0 | | .00 | .0 | .000 | .00 | | .00 |
| | ^ | | | 0.0 | | | 0.0 | | |

.00

.00

.00

.00

.00

.00

.00

.00

.00

.00

.000

.000

.000

.000

.000 \$

.00

.00

.00

.00

.00 \$

.00

.00

.00

.00

.00

ICF DDN/DDCN

@HEMODIALYSIS TOTAL

HEMODIALYSIS CENTER

HOSPITAL BASED

ICF DD

0

0

0

0

0

0 0

0

\$

| BABRIALITATION PACILITY | @REHABILITATION FACILITY | 0 | 0 | \$ | .00 | \$ | .00 | .000 | | .00 | \$ | .00 |
|--|--------------------------------|------------------|------------------|-----------|--------------------|--------|-------------|-----------|------|-----------|------|----------|
| CHING CICENTER 11 | HOSPITAL BASED | 0 | 0 | | .00 | | .00 | | | .00 | | .00 |
| CHINGE 10 10 23,798.5 4.7.0 1.0.0 1.4.30 5.80 | INDEPENDENT FACILITY | 0 | 0 | | | | | | | | | .00 |
| CHING CICENTER 11 | @LABORATORY FACILITY | 627 | 1,208 | \$ | 25,232.10 | \$ | 20.89 | .294 | \$ | 40.24 | \$ | 6.15 |
| CHINGE 10 10 23,798.5 4.7.0 1.0.0 1.4.30 5.80 | PATHOLOGY | 627 | | | 25,232.10 | | 20.89 | | | 40.24 | | 6.15 |
| CHINGE 10 10 23,798.5 4.7.0 1.0.0 1.4.30 5.80 | XO AND OTHERS | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| CHINGE 10 10 23,798.5 4.7.0 1.0.0 1.4.30 5.80 | @ORGANIZED OUTPATIENT CLINIC | 400 | 995 | \$ | 93,681.87 | \$ | 94.15 | | \$ | 234.20 | \$ | 22.82 |
| SUBSICIENTER 0 | CLINIC | 111 | 500 | | 23,796.82 | | 47.59 | | | | | |
| REAL CLINIC Q | SURGICENTER | 0 | 0 | | | | | | | | | .00 |
| RUBLE CLINIC SERVICES AND EXCENDITIONS MEDI-CAL SERVICES FOR 1839 FROGRAM - PREGNANT ALL CODES 44 48 49 MEDI-CAL SERVICES FOR 1839 FROGRAM - PREGNANT ALL CODES 44 48 49 MEDI-CAL SERVICES FOR 1839 FROGRAM - PREGNANT ALL CODES 44 48 49 MEDI-CAL SERVICES FOR 1839 FROGRAM - PREGNANT ALL CODES 44 48 49 MEDI-CAL SERVICES FOR 1839 FROGRAM - PREGNANT ALL CODES 44 48 49 MEDI-CAL SERVICES FOR 1839 FROGRAM - PREGNANT ALL CODES 44 48 49 MEDI-CAL SERVICES FOR 1839 FROGRAM - PREGNANT ALL CODES 44 48 49 MEDI-CAL SERVICES FOR 1839 FROGRAM - PREGNANT ALL CODES 44 48 49 MEDI-CAL SERVICES FOR 1839 FROGRAM - PREGNANT ALL CODES 44 48 49 MEDI-CAL SERVICES FOR 1839 FROGRAM - PREGNANT ALL CODES 44 48 49 MEDI-CAL SERVICES FOR 1839 FROGRAM - PREGNANT ALL CODES 44 48 49 MEDI-CAL SERVICES FOR 1839 FROGRAM - PREGNANT ALL CODES 44 48 49 MEDI-CAL SERVICES FOR 1839 FROGRAM - PREGNANT ALL CODES 44 48 49 MEDI-CAL SERVICES FOR 1839 FROGRAM - PREGNANT ALL CODES 44 48 49 MEDI-CAL SERVICES FOR 1839 FROGRAM - PREGNANT ALL CODES 44 48 49 MEDI-CAL SERVICES FOR 1839 FROGRAM - PREGNANT ALL CODES 44 48 49 MEDI-CAL SERVICES FOR 1839 FROGRAM - PREGNANT ALL CODES 44 48 49 MEDI-CAL SERVICES FOR 1839 FROGRAM - PREGNANT ALL CODES 44 48 49 MEDI-CAL SERVICES FOR 1839 FROGRAM - PREGNANT ALL CODES 44 48 49 MEDI-CAL SERVICES FOR 1839 FROGRAM - PREGNANT ALL CODES 44 48 49 MEDI-CAL SERVICES FOR 1839 FROGRAM - PREGNANT ALL CODES 44 48 49 MEDI-CAL SERVICES FOR 1839 FROGRAM - PREGNANT ALL CODES 44 48 49 MEDI-CAL SERVICES FOR 1839 FROGRAM - PREGNANT ALL CODES 44 48 49 MEDI-CAL SERVICES FOR 1839 FROGRAM - PREGNANT ALL CODES 44 48 49 MEDI-CAL SERVICES FOR 1839 FROGRAM - PREGNANT ALL CODES 44 48 49 MEDI-CAL SERVICES FOR 1839 FROGRAM - PREGNANT ALL CODES 44 48 49 MEDI-CAL SERVICES FOR 1839 FROGRAM - PREGNANT ALL CODE 54 48 48 49 MEDI-CAL SERVICES FOR 1839 FROGRAM - PREGNANT ALL CODE 54 48 48 49 MEDI-CAL SERVICES FOR 1839 FROGRAM - PREGNANT ALL CODE 54 48 48 | | 0 | 0 | | | | | | | | | |
| ## ACCUPATE OF PRAITH SERV MRDI-CAL SERVICES AND XDEATHDITURES MONTH-OP-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 98 MRDI-CAL SERVICES FOR XDEATH | | | | | | | | | | | | |
| MOPDO-24 SUMMARY OF SERVICE* DENTAL 165 PROCRAM - PRECIANT NOT COMES 44 48 49 | | | | URES MOI | | | | | | | PΑ | |
| ## COUNTY SUMMARY OF SERVICES FOR 1659 PROGRAM - PREGNANT ALD CODES 44 88 99 14,106 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES SALE 10,000 11,100 | | | | | | | | | | | | |
| 4,106 ELICIBLES USERS UNITS OF SERVICE OR DAYS OF CARE OR DAYS | | | | PROGRAM | - PREGNANT A | ATD CO | DDES 44 48 | 49 | | | | 00/11/00 |
| ## A_106 FLIGIBLES | BOTTE COUNTY | DOIMING OF DER | 1000 1010 1000 | 110014111 | 11(1101(11(1) | 110 00 | JDEO 11 10 | | иОИТ | HLY AVERA | GE - | |
| ## CALL OTHER PROVIDERS | 4.106 ELIGIBLES | USERS | UNITS OF SERVI | CE | EXPENDITURES | AVI | ERAGE COST | UNITS/DAY | 7S | COST PER | .0_ | |
| OTHER SERVICES 3 3 3 5,400.00 1800.00 .001 1800.00 1.32 ACUPUNCTURE 0 0 0 0 .00 .00 .000 .000 .00 .00 ADULT DAY HEALTH CARE CTR 0 0 0 .00 .00 .00 .000 .000 .00 .00 GENETIC DISEASE TESTING 122 123 12,915.00 105.00 .030 105.86 3.15 IHMC, MODEL-NF, NF, AIDS, MSSP 0 0 0 .00 .00 .00 .00 .00 .00 .00 .00 CCCUPATIONAL THERAPIST 0 0 0 .00 .00 .00 .00 .00 .00 .00 .00 OPTICIAN 0 0 0 .00 .00 .00 .00 .00 .00 .00 .00 | 1,100 22101222 | 00210 | | | 2111 2113 11 01120 | | | | | | | |
| OTHER SERVICES 3 3 3 5,400.00 1800.00 .001 1800.00 1.32 ACUPUNCTURE 0 0 0 0 .00 .00 .000 .000 .00 .00 ADULT DAY HEALTH CARE CTR 0 0 0 .00 .00 .00 .000 .000 .00 .00 GENETIC DISEASE TESTING 122 123 12,915.00 105.00 .030 105.86 3.15 IHMC, MODEL-NF, NF, AIDS, MSSP 0 0 0 .00 .00 .00 .00 .00 .00 .00 .00 CCCUPATIONAL THERAPIST 0 0 0 .00 .00 .00 .00 .00 .00 .00 .00 OPTICIAN 0 0 0 .00 .00 .00 .00 .00 .00 .00 .00 | GALL OTHER PROVIDERS | 143 | | | 26 435 51 | | | | | | | |
| OTHER SERVICES 3 3 3 5,400.00 1800.00 .001 1800.00 1.32 ACUPUNCTURE 0 0 0 0 .00 .00 .000 .000 .00 .00 ADULT DAY HEALTH CARE CTR 0 0 0 .00 .00 .00 .000 .000 .00 .00 GENETIC DISEASE TESTING 122 123 12,915.00 105.00 .030 105.86 3.15 IHMC, MODEL-NF, NF, AIDS, MSSP 0 0 0 .00 .00 .00 .00 .00 .00 .00 .00 CCCUPATIONAL THERAPIST 0 0 0 .00 .00 .00 .00 .00 .00 .00 .00 OPTICIAN 0 0 0 .00 .00 .00 .00 .00 .00 .00 .00 | DIRABLE MED FOLLD | 1 | 1 | Υ | 99 00 | Y | 99 00 | | | | | |
| OTHER SERVICES 3 3 3 5,400.00 1800.00 .001 1800.00 1.32 ACUPUNCTURE 0 0 0 0 .00 .00 .000 .000 .00 .00 ADULT DAY HEALTH CARE CTR 0 0 0 .00 .00 .00 .000 .000 .00 .00 GENETIC DISEASE TESTING 122 123 12,915.00 105.00 .030 105.86 3.15 IHMC, MODEL-NF, NF, AIDS, MSSP 0 0 0 .00 .00 .00 .00 .00 .00 .00 .00 CCCUPATIONAL THERAPIST 0 0 0 .00 .00 .00 .00 .00 .00 .00 .00 OPTICIAN 0 0 0 .00 .00 .00 .00 .00 .00 .00 .00 | BIOOD BANK | 0 | 0 | | 00 | | 00 | 000 | | | | |
| OTHER SERVICES 3 3 3 5,400.00 1800.00 .001 1800.00 1.32 ACUPUNCTURE 0 0 0 0 .00 .00 .00 .00 .00 .00 .00 .0 | HEADING AID DISDENSEDS | 0 | 0 | | .00 | | .00 | .000 | | .00 | | |
| OTHER SERVICES 3 3 3 5,400.00 1800.00 .001 1800.00 1.32 ACUPUNCTURE 0 0 0 0 .00 .00 .000 .000 .00 .00 ADULT DAY HEALTH CARE CTR 0 0 0 .00 .00 .00 .000 .000 .00 .00 GENETIC DISEASE TESTING 122 123 12,915.00 105.00 .030 105.86 3.15 IHMC, MODEL-NF, NF, AIDS, MSSP 0 0 0 .00 .00 .00 .00 .00 .00 .00 .00 CCCUPATIONAL THERAPIST 0 0 0 .00 .00 .00 .00 .00 .00 .00 .00 OPTICIAN 0 0 0 .00 .00 .00 .00 .00 .00 .00 .00 | MEDICAL TRANSPORTATION | 17 | 157 | | 12 142 01 | | 20 76 | 111 | | 772 11 | | |
| OTHER SERVICES 3 3 3 5,400.00 1800.00 .001 1800.00 1.32 ACUPUNCTURE 0 0 0 0 .00 .00 .000 .000 .00 .00 ADULT DAY HEALTH CARE CTR 0 0 0 .00 .00 .00 .000 .000 .00 .00 GENETIC DISEASE TESTING 122 123 12,915.00 105.00 .030 105.86 3.15 IHMC, MODEL-NF, NF, AIDS, MSSP 0 0 0 .00 .00 .00 .00 .00 .00 .00 .00 CCCUPATIONAL THERAPIST 0 0 0 .00 .00 .00 .00 .00 .00 .00 .00 OPTICIAN 0 0 0 .00 .00 .00 .00 .00 .00 .00 .00 | MEDICAL INANSPORTATION | 17 | 457 | | 7 742.01 | | 17 05 | • ± ± ± | | 112.11 | | |
| OTHER SERVICES 3 3 3 5,400.00 1800.00 .001 1800.00 1.32 ACUPUNCTURE 0 0 0 0 .00 .00 .00 .00 .00 .00 .00 .0 | AMBULANCES/AIR IRANS | 1 / | 454 | | 7,742.01 | | 0.0 | | | | | |
| @XOVER EXCLUDING STATE HOSP** 2 11 \$ 109.49 \$ 9.95 .003 \$ 54.75 \$.03 @* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY; THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE. ** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE. #CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 989 MOP024 FEE-FOR-SERVICE/DENTAL BUTTE COUNTY SUMMARY OF SERVICES FOR 60-DAY POST PARTUM PROGRAM AID CODE 76 MONTHLY AVERAGE 02 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER | | 0 | 0 | | .UU | | 1000 00 | | | | | |
| @XOVER EXCLUDING STATE HOSP** 2 11 \$ 109.49 \$ 9.95 .003 \$ 54.75 \$.03 @* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY; THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE. ** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE. #CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 989 MOP024 FEE-FOR-SERVICE/DENTAL BUTTE COUNTY SUMMARY OF SERVICES FOR 60-DAY POST PARTUM PROGRAM AID CODE 76 MONTHLY AVERAGE 02 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER | | 3 | 3 | | 5,400.00 | | 1800.00 | | | | | |
| @XOVER EXCLUDING STATE HOSP** 2 11 \$ 109.49 \$ 9.95 .003 \$ 54.75 \$.03 @* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY; THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE. ** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE. #CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 989 MOP024 FEE-FOR-SERVICE/DENTAL BUTTE COUNTY SUMMARY OF SERVICES FOR 60-DAY POST PARTUM PROGRAM AID CODE 76 MONTHLY AVERAGE 02 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER | | U | 0 | | .00 | | | | | | | |
| @XOVER EXCLUDING STATE HOSP** 2 11 \$ 109.49 \$ 9.95 .003 \$ 54.75 \$.03 @* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY; THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE. ** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE. #CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 989 MOP024 FEE-FOR-SERVICE/DENTAL BUTTE COUNTY SUMMARY OF SERVICES FOR 60-DAY POST PARTUM PROGRAM AID CODE 76 MONTHLY AVERAGE 02 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER | ADULT DAY HEALTH CARE CTR | 100 | 100 | | .00 | | .00 | .000 | | .00 | | |
| @XOVER EXCLUDING STATE HOSP** 2 11 \$ 109.49 \$ 9.95 .003 \$ 54.75 \$.03 @* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY; THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE. ** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE. #CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 989 MOP024 FEE-FOR-SERVICE/DENTAL BUTTE COUNTY SUMMARY OF SERVICES FOR 60-DAY POST PARTUM PROGRAM AID CODE 76 MONTHLY AVERAGE 02 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER | GENETIC DISEASE TESTING | 122 | 123 | | 12,915.00 | | 105.00 | .030 | | 105.86 | | |
| @XOVER EXCLUDING STATE HOSP** 2 11 \$ 109.49 \$ 9.95 .003 \$ 54.75 \$.03 @* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY; THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE. ** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE. #CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 989 MOP024 FEE-FOR-SERVICE/DENTAL BUTTE COUNTY SUMMARY OF SERVICES FOR 60-DAY POST PARTUM PROGRAM AID CODE 76 MONTHLY AVERAGE 02 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER | IHMC, MODEL-NF, NF, AIDS, MSSP | 0 | 0 | | .00 | | | | | | | |
| @XOVER EXCLUDING STATE HOSP** 2 11 \$ 109.49 \$ 9.95 .003 \$ 54.75 \$.03 @* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY; THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE. ** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE. #CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 989 MOP024 FEE-FOR-SERVICE/DENTAL BUTTE COUNTY SUMMARY OF SERVICES FOR 60-DAY POST PARTUM PROGRAM AID CODE 76 MONTHLY AVERAGE 02 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER | OCCUPATIONAL THERAPIST | 0 | 0 | | .00 | | | | | | | |
| @XOVER EXCLUDING STATE HOSP** 2 11 \$ 109.49 \$ 9.95 .003 \$ 54.75 \$.03 @* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY; THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE. ** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE. #CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 989 MOP024 FEE-FOR-SERVICE/DENTAL BUTTE COUNTY SUMMARY OF SERVICES FOR 60-DAY POST PARTUM PROGRAM AID CODE 76 MONTHLY AVERAGE 02 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER | OPTICIAN | 0 | 0 | | .00 | | | .000 | | .00 | | |
| @XOVER EXCLUDING STATE HOSP** 2 11 \$ 109.49 \$ 9.95 .003 \$ 54.75 \$.03 @* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY; THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE. ** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE. #CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 989 MOP024 FEE-FOR-SERVICE/DENTAL BUTTE COUNTY SUMMARY OF SERVICES FOR 60-DAY POST PARTUM PROGRAM AID CODE 76 MONTHLY AVERAGE 02 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER | PHYSICAL THERAPIST | 0 | 0 | | .00 | | | .000 | | .00 | | |
| @XOVER EXCLUDING STATE HOSP** 2 11 \$ 109.49 \$ 9.95 .003 \$ 54.75 \$.03 @* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY; THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE. ** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE. #CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 989 MOP024 FEE-FOR-SERVICE/DENTAL BUTTE COUNTY SUMMARY OF SERVICES FOR 60-DAY POST PARTUM PROGRAM AID CODE 76 MONTHLY AVERAGE 02 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER | PORTABLE X-RAY | 0 | 0 | | .00 | | .00 | .000 | | .00 | | |
| @XOVER EXCLUDING STATE HOSP** 2 11 \$ 109.49 \$ 9.95 .003 \$ 54.75 \$.03 @* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY; THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE. ** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE. #CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 989 MOP024 FEE-FOR-SERVICE/DENTAL BUTTE COUNTY SUMMARY OF SERVICES FOR 60-DAY POST PARTUM PROGRAM AID CODE 76 MONTHLY AVERAGE 02 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER | PROSTHETIST/ORTHOTISTS | 3 | 3 | | 278.70 | | 92.90 | .001 | | 92.90 | | |
| @XOVER EXCLUDING STATE HOSP** 2 11 \$ 109.49 \$ 9.95 .003 \$ 54.75 \$.03 @* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY; THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE. ** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE. #CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 989 MOP024 FEE-FOR-SERVICE/DENTAL BUTTE COUNTY SUMMARY OF SERVICES FOR 60-DAY POST PARTUM PROGRAM AID CODE 76 MONTHLY AVERAGE 02 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER | PROSTHETICS | 3 | 3 | | 278.70 | | 92.90 | .001 | | 92.90 | | |
| @XOVER EXCLUDING STATE HOSP** 2 11 \$ 109.49 \$ 9.95 .003 \$ 54.75 \$.03 @* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY; THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE. ** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE. #CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 989 MOP024 FEE-FOR-SERVICE/DENTAL BUTTE COUNTY SUMMARY OF SERVICES FOR 60-DAY POST PARTUM PROGRAM AID CODE 76 MONTHLY AVERAGE 02 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER | ORTHOTICS | 0 | 0 | | .00 | | | .000 | | .00 | | .00 |
| @XOVER EXCLUDING STATE HOSP** 2 11 \$ 109.49 \$ 9.95 .003 \$ 54.75 \$.03 @* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY; THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE. ** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE. #CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 989 MOP024 FEE-FOR-SERVICE/DENTAL BUTTE COUNTY SUMMARY OF SERVICES FOR 60-DAY POST PARTUM PROGRAM AID CODE 76 MONTHLY AVERAGE 02 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER | PSYCHOLOGIST | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| @XOVER EXCLUDING STATE HOSP** 2 11 \$ 109.49 \$ 9.95 .003 \$ 54.75 \$.03 @* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY; THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE. ** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE. #CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 989 MOP024 FEE-FOR-SERVICE/DENTAL BUTTE COUNTY SUMMARY OF SERVICES FOR 60-DAY POST PARTUM PROGRAM AID CODE 76 MONTHLY AVERAGE 02 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER | SPEECH AND AUDIOLOGY | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| @XOVER EXCLUDING STATE HOSP** 2 11 \$ 109.49 \$ 9.95 .003 \$ 54.75 \$.03 @* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY; THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE. ** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE. #CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 989 MOP024 FEE-FOR-SERVICE/DENTAL BUTTE COUNTY SUMMARY OF SERVICES FOR 60-DAY POST PARTUM PROGRAM AID CODE 76 MONTHLY AVERAGE 02 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER | HOSPICE SERVICES | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| @XOVER EXCLUDING STATE HOSP** 2 11 \$ 109.49 \$ 9.95 .003 \$ 54.75 \$.03 @* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY; THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE. ** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE. #CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 989 MOP024 FEE-FOR-SERVICE/DENTAL BUTTE COUNTY SUMMARY OF SERVICES FOR 60-DAY POST PARTUM PROGRAM AID CODE 76 MONTHLY AVERAGE 02 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER | NONINST BIRTHING CENTERS | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| @XOVER EXCLUDING STATE HOSP** 2 11 \$ 109.49 \$ 9.95 .003 \$ 54.75 \$.03 @* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY; THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE. ** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE. #CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 989 MOP024 FEE-FOR-SERVICE/DENTAL BUTTE COUNTY SUMMARY OF SERVICES FOR 60-DAY POST PARTUM PROGRAM AID CODE 76 MONTHLY AVERAGE 02 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER | LOCAL EDUCATION AGENCIES | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| @XOVER EXCLUDING STATE HOSP** 2 11 \$ 109.49 \$ 9.95 .003 \$ 54.75 \$.03 @* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY; THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE. ** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE. #CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 989 MOP024 FEE-FOR-SERVICE/DENTAL BUTTE COUNTY SUMMARY OF SERVICES FOR 60-DAY POST PARTUM PROGRAM AID CODE 76 MONTHLY AVERAGE 02 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER | EPSDT SUPPLEMENTAL SERVICE | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| @XOVER EXCLUDING STATE HOSP** 2 11 \$ 109.49 \$ 9.95 .003 \$ 54.75 \$.03 @* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY; THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE. ** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE. #CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 989 MOP024 FEE-FOR-SERVICE/DENTAL BUTTE COUNTY SUMMARY OF SERVICES FOR 60-DAY POST PARTUM PROGRAM AID CODE 76 MONTHLY AVERAGE 02 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER | RESPIRATORY CARE PRACT. | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| @XOVER EXCLUDING STATE HOSP** 2 11 \$ 109.49 \$ 9.95 .003 \$ 54.75 \$.03 @* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY; THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE. ** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE. #CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 989 MOP024 FEE-FOR-SERVICE/DENTAL BUTTE COUNTY SUMMARY OF SERVICES FOR 60-DAY POST PARTUM PROGRAM AID CODE 76 MONTHLY AVERAGE 02 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER | PED SUBACUTE REHAB/WEANING | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| @XOVER EXCLUDING STATE HOSP** 2 11 \$ 109.49 \$ 9.95 .003 \$ 54.75 \$.03 @* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY; THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE. ** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE. #CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 989 MOP024 FEE-FOR-SERVICE/DENTAL BUTTE COUNTY SUMMARY OF SERVICES FOR 60-DAY POST PARTUM PROGRAM AID CODE 76 MONTHLY AVERAGE 02 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER | ALL OTHER PROVIDERS | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| @XOVER EXCLUDING STATE HOSP** 2 11 \$ 109.49 \$ 9.95 .003 \$ 54.75 \$.03 @* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY; THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE. ** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE. #CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 989 MOP024 FEE-FOR-SERVICE/DENTAL BUTTE COUNTY SUMMARY OF SERVICES FOR 60-DAY POST PARTUM PROGRAM AID CODE 76 MONTHLY AVERAGE 02 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER | @CALIF. CHILDREN SERVICES* | 6 | 209 | \$ | 28,488.94 | \$ | 136.31 | .051 | \$ | 4748.16 | \$ | 6.94 |
| ** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE. #CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 989 MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05 BUTTE COUNTY SUMMARY OF SERVICES FOR 60-DAY POST PARTUM PROGRAM AID CODE 76 MONTHLY AVERAGE 02 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER | @XOVER EXCLUDING STATE HOSP** | 2 | 11 | \$ | 109.49 | \$ | 9.95 | | | | | .03 |
| ** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE. #CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 989 MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05 BUTTE COUNTY SUMMARY OF SERVICES FOR 60-DAY POST PARTUM PROGRAM AID CODE 76 MONTHLY AVERAGE 02 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER | @* TOTALS IN THESE LINES ARE | GIVEN AS A SEPAR | RATE INFORMATION | ITEM O | NLY; | | | | | | | |
| #CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 989 MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05 BUTTE COUNTY SUMMARY OF SERVICES FOR 60-DAY POST PARTUM PROGRAM AID CODE 76 MONTHLY AVERAGE 02 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER | THE AMOUNTS ARE ALREADY IN | CLUDED IN THE A | | | | | | | | | | |
| #CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 989 MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05 BUTTE COUNTY SUMMARY OF SERVICES FOR 60-DAY POST PARTUM PROGRAM AID CODE 76 MONTHLY AVERAGE 02 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER | ** THESE DATA ARE INCLUDED I | N THE APPROPRIAT | TE DETAIL LINES | ABOVE. | | | | | | | | |
| MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05 BUTTE COUNTY SUMMARY OF SERVICES FOR 60-DAY POST PARTUM PROGRAM AID CODE 76 MONTHLY AVERAGE 02 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER | #CALIF DEPT OF HEALTH SERV | MEDI-CAL SERVIO | CES AND EXPENDIT | URES MOI | NTH-OF-PAYMENT R | REPORT | r for Jan 2 | 2004 THRU | DEC | 2004 | PA | GE 989 |
| BUTTE COUNTY SUMMARY OF SERVICES FOR 60-DAY POST PARTUM PROGRAM AID CODE 76 MONTHLY AVERAGE 02 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER | | FEE-FOR-SERVICE | E/DENTAL | | | | | | | | | 03/14/05 |
| MONTHLY AVERAGE 02 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER | | SUMMARY OF SERV | JICES FOR 60-DA | Y POST | PARTUM PROGRAM | | AID CODE | 76 | | | | |
| | | | | | | | | | TNON | HLY AVERA | GE - | |
| | 02 ELIGIBLES | USERS | | | EXPENDITURES | | | | | | | |

PER UNIT/DAY PER ELIG USER

ELIGIBLE

OR DAYS OF CARE

| | | 2.5 | | 1 505 15 | | 16 81 | 45 500 | | 156 05 | | E00 E0 |
|----------------------------|-----------------|--------------------|-------|-------------------|-------|-----------|-------------|-----|-----------|------|----------|
| @TOTAL, ALL PROVIDERS | 9 | 95 | \$ | 1,587.17 | \$ | 16.71 | 47.500 | | 176.35 | | 793.59 |
| @PHYSICIANS SERVICES | 2 | 16 | \$ | 371.10 | \$ | 23.19 | | \$ | 185.55 | Ş | 185.55 |
| OUTPATIENT VISITS | 1 | 6 | | 190.70 | | 31.78 | 3.000 | | 190.70 | | 95.35 |
| OFFICE VISITS | 1 | 6 | | 190.70 | | 31.78 | 3.000 | | 190.70 | | 95.35 |
| HOME VISITS | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| EMERGENCY ROOM | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| PREVENTIVE CARE | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| OB VISITS/COMPRE PERI | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| OTHER OUTPATIENT | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| INPATIENT VISITS | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| HOSPITAL VISITS | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| CRITICAL CARE | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| SNF/ICF/TRANS IP CARE | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| OPHTHALMOLOGICAL SERVICES | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| EXAMINATIONS | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| SERVICES AND MATERIALS | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| INPATIENT HOSPITAL SURGERY | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| PRINCIPAL SURGEON | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| ASSISTANT SURGEON | 0 | 0 | | .00 | | | | | .00 | | |
| ANESTHESIOLOGIST | 0 | 0 | | | | .00 | .000 | | | | .00 |
| OUTPATIENT SURGERY | U | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| PRINCIPAL SURGEON | 0 | U | | .00 | | .00 | .000 | | .00 | | .00 |
| ASSISTANT SURGEON | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| ANESTHESIOLOGIST | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| DIALYSIS | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| PATHOLOGY | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| RADIOLOGY | 2 | 4 | | 161.52 | | 40.38 | 2.000 | | 80.76 | | 80.76 |
| PSYCHIATRY | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| IMMUNIZATION AND INJECTION | 1 | 6 | | 18.88 | | 3.15 | 3.000 | | 18.88 | | 9.44 |
| OTHER SERVICES/ALL X-OVERS | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| @PHARMACY | 0 | 0 | \$ | .00 | \$ | .00 | .000 | \$ | .00 | \$ | .00 |
| PRESCRIPTION DRUGS | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| SNF/ICF | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| OUTPATIENTS | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| MEDICAL SUPPLIES | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| @DENTIST | 0 | 0 | \$ | .00 | \$ | .00 | .000 | Ċ | .00 | Ġ | .00 |
| VISITS - DIAGNOSTIC | 0 | 0 | ۲ | .00 | ٧ | .00 | .000 | Y | .00 | Y | .00 |
| ORAL SURGERY | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| | 0 | 0 | | | | | | | .00 | | |
| DRUGS | 0 | 0 | | .00 | | .00 | .000 | | | | .00 |
| ANESTHESIA | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| PERIODONTICS | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| ENDODONTICS | U | U | | .00 | | .00 | .000 | | .00 | | .00 |
| RESTORATIVE DENTISTRY | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| PROSTHETICS | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| DENTURES, STAYPLATES | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| SPACE MAINTAINERS | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| MAXILLOFACIAL SERVICES | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| FRACTURES, DISLOCATIONS | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| ORTHODONTIC SERVICES | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| ALL OTHER SERVICES | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| #CALIF DEPT OF HEALTH SERV | MEDI-CAL SERVIC | ES AND EXPENDITUR | ES MC | ONTH-OF-PAYMENT R | EPORT | FOR JAN | 2004 THRU 1 | DEC | 2004 | PP | AGE 990 |
| MOP024 | FEE-FOR-SERVICE | /DENTAL | | | | | | | | | 03/14/05 |
| BUTTE COUNTY | | ICES FOR 60-DAY | POST | PARTUM PROGRAM | | AID CODE | 76 | | | | |
| | | | | | | | MO | ONT | HLY AVERA | GE - | |
| 02 ELIGIBLES | USERS | UNITS OF SERVICE | | EXPENDITURES | AVE | RAGE COST | UNITS/DAY: | | | | COST PER |
| | | OR DAYS OF CARE | | | | | PER ELIG | | USER | | ELIGIBLE |
| | | 11. 11113 01 01110 | | | | | | | | _ | |

| @OPTOMETRIST | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 |
|------------------------------|---|----|--------------|-------------|--------|--------------|--------------|
| DIAGNOSTIC AND ANC. PROCED | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| EYE APPLIANCES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OTHER OPTOMETRIC SERVICES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| @CHIROPRACTOR | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 |
| VISITS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OTHER SERVICES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| @PODIATRIST | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 |
| MEDICINE/INJECTIONS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| SURGERY/ANES. | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| RADIO./PATHOLOGY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OTHER | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| @HOME HEALTH AGENCY | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 |
| NURSE ANESTHESIST | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 |
| NURSE MIDWIFE | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 |
| PEDIATRIC NURSE PRACTITIONER | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 |
| FAMILY NURSE PRACTITIONER | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 |
| @TOTAL HOSPITAL | 6 | 25 | \$ 674.31 | \$ 26.97 | 12.500 | \$ 112.39 | \$ 337.16 |
| HOSP INPATIENT TOTAL | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| HSC HOSPITALS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| NON-HSC HOSPITAL TOTAL | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ACCOMMODATIONS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ADMINISTRATIVE DAYS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| TRANSITIONAL IP CARE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER ACCOM | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ANCILLARIES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| INPATIENT CROSSOVERS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER INPATIENT | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| HOSP OUTPATIENT TOTAL | 6 | 25 | 674.31 | 26.97 | 12.500 | 112.39 | 337.16 |
| MEDICAL | 3 | 4 | 183.63 | 45.91 | 2.000 | 61.21 | 91.82 |
| SURGERY | 2 | 2 | 93.69 | 46.85 | 1.000 | 46.85 | 46.85 |
| PATHOLOGY | 4 | 9 | 165.36 | 18.37 | 4.500 | 41.34 | 82.68 |
| | | | | | | | |

| RADIOLOGY | 1 | 1 | 58.56 | 58.56 | .500 | 58.56 | 29.28 |
|-------------------------|-------------------------|---------------------|--------------------|--------------|---------------|-------------|----------|
| ROOM USE | 3 | 3 | 103.26 | 34.42 | 1.500 | 34.42 | 51.63 |
| CROSSOVERS/ALL OTH O | UTPTNT 2 | 6 | 69.81 | 11.64 | 3.000 | 34.91 | 34.91 |
| @COUNTY HOSPITAL TOTAL | 0 | 0 \$ | .00 | \$.00 | .000 \$ | .00 | \$.00 |
| CO HOSPITAL INPATIENT | TOTAL 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| HSC HOSPITALS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| NON-HSC HOSPITALS TO | TAL 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ACCOMMODATIONS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ADMINISTRATIVE DAY | S 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| TRANSITIONAL IP CA | RE 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER ACCOM | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ANCILLARIES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| INPATIENT CROSSOVERS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER INPATIENT | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| CO HOSP OUTPATIENT TO | TAL 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| MEDICAL | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| SURGERY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PATHOLOGY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| RADIOLOGY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ROOM USE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| CROSSOVERS/ALL OTH O | UTPTNT 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| #CALIF DEPT OF HEALTH S | ERV MEDI-CAL SERVICES A | AND EXPENDITURES MC | NTH-OF-PAYMENT REI | PORT FOR JAN | 2004 THRU DEC | 2004 | PAGE 991 |
| MOP024 | FEE-FOR-SERVICE/DEN | ITAL | | | | | 03/14/05 |
| BUTTE COUNTY | SUMMARY OF SERVICES | FOR 60-DAY POST | PARTUM PROGRAM | AID CODE | 76 | | |
| | | | | | MONT | THLY AVERAC | GE |
| 02 ELIGIBLES | USERS UNI | TS OF SERVICE | EXPENDITIBES | AVERAGE COST | INTTS/DAYS | COST PER | COST PER |

| | | | | | MON | THLY AVERAG | E |
|-----------------------------|-------|------------------|--------------|--------------|------------|-------------|-----------|
| 02 ELIGIBLES | USERS | UNITS OF SERVICE | EXPENDITURES | AVERAGE COST | UNITS/DAYS | COST PER | COST PER |
| | | OR DAYS OF CARE | | PER UNIT/DAY | PER ELIG | USER | ELIGIBLE |
| @COMMUNITY HOSPITAL TOTAL | 6 | 25 \$ | 674.31 | \$ 26.97 | 12.500 \$ | 112.39 | \$ 337.16 |
| COMM HOSP INPATIENT TOTAL | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| HSC HOSPITALS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| NON-HSC HOSPITALS TOTAL | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ACCOMMODATIONS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ADMINISTRATIVE DAYS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| TRANSITIONAL IP CARE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER ACCOM | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ANCILLARIES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| INPATIENT CROSSOVERS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER INPATIENT | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| COMM HOSP OUTPATIENT TOTAL | 6 | 25 | 674.31 | 26.97 | 12.500 | 112.39 | 337.16 |
| MEDICAL | 3 | 4 | 183.63 | 45.91 | 2.000 | 61.21 | 91.82 |
| SURGERY | 2 | 2 | 93.69 | 46.85 | 1.000 | 46.85 | 46.85 |
| PATHOLOGY | 4 | 9 | 165.36 | 18.37 | 4.500 | 41.34 | 82.68 |
| RADIOLOGY | 1 | 1 | 58.56 | 58.56 | .500 | 58.56 | 29.28 |
| ROOM USE | 3 | 3 | 103.26 | 34.42 | 1.500 | 34.42 | 51.63 |
| CROSSOVERS/ALL OTH OUTPINT | 2 | 6 | 69.81 | 11.64 | 3.000 | 34.91 | 34.91 |
| @STATE HOSPITAL | 0 | 0 \$ | .00 | \$.00 | .000 \$ | .00 | \$.00 |
| MENTALLY ILL | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| DEVELOP. DISABLED | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| @NURSING FACILITY | 0 | 0 \$ | .00 | \$.00 | .000 \$ | .00 | • |
| LEV A-INTERMEDIATE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| LEV B-REHAB MD | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| LEV B-SUBACUTE FREESTANDING | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| LEV B-SUBACUTE HSPTL BASED | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| LEV B-TRANSITIONAL IP CARE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| LEV B-REGULAR | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| @INTERMEDIATE CARE FACILDD | 0 | 0 \$ | .00 | \$.00 | .000 \$ | .00 | \$.00 |
| | | | | | | | |

| ICF DDH | 0 | 0 | .0 |) | .00 | .000 | .00 | | .00 | |
|------------------------------|------------------------|-------------|---------------------|--------|----------|-----------|--------------|-----|----------|--|
| ICF DD | 0 | 0 | .0 |) | .00 | .000 | .00 | | .00 | |
| ICF DDN/DDCN | 0 | 0 | .0 |) | .00 | .000 | .00 | | .00 | |
| @HEMODIALYSIS TOTAL | 0 | 0 | \$.0 |) \$ | .00 | .000 | \$.00 | \$ | .00 | |
| HOSPITAL BASED | 0 | 0 | .0 |) | .00 | .000 | .00 | | .00 | |
| HEMODIALYSIS CENTER | 0 | 0 | .0 |) | .00 | .000 | .00 | | .00 | |
| @REHABILITATION FACILITY | 0 | 0 | \$.0 |) \$ | .00 | .000 | \$.00 | \$ | .00 | |
| HOSPITAL BASED | 0 | 0 | .0 | C | .00 | .000 | .00 | | .00 | |
| INDEPENDENT FACILITY | 0 | 0 | .0 | C | .00 | .000 | .00 | | .00 | |
| @LABORATORY FACILITY | 3 | 6 | \$ 129.4 | 1 \$ | 21.57 | 3.000 | \$ 43.14 | \$ | 64.71 | |
| PATHOLOGY | 3 | 6 | 129.4 | 1 | 21.57 | 3.000 | 43.14 | | 64.71 | |
| XO AND OTHERS | 0 | 0 | .0 | C | .00 | .000 | .00 | | .00 | |
| @ORGANIZED OUTPATIENT CLINIC | 2 | 8 | \$ 270.3 | 5 \$ | 33.79 | 4.000 | \$ 135.18 | \$ | 135.18 | |
| CLINIC | 2 | 8 | 265.9 | 1 | 33.24 | 4.000 | 132.96 | | 132.96 | |
| SURGICENTER | 0 | 0 | .0 |) | .00 | .000 | .00 | | .00 | |
| HEROIN DETOX CLINIC | 0 | 0 | .0 |) | .00 | .000 | .00 | | .00 | |
| RURAL HEALTH CLINIC | 0 | 0 | 4.4 | 4 | .00 | .000 | .00 | | 2.22 | |
| #CALIF DEPT OF HEALTH SERV | MEDI-CAL SERVICES AND | EXPENDITURE | ES MONTH-OF-PAYMENT | REPORT | FOR JAN | 2004 THRU | DEC 2004 | P | AGE 992 | |
| MOP024 | FEE-FOR-SERVICE/DENTAL | ı | | | | | | | 03/14/05 | |
| BUTTE COUNTY | SUMMARY OF SERVICES FO | R 60-DAY 1 | POST PARTUM PROGRAM | | AID CODE | 76 | | | | |
| | | | | | | M | MONTHLY AVER | AGE | | |
| | | | | | | | | | | |

| | | | | | , 1101111 | | |
|-----------------------------------|---------------|-------------------------|--------------|--------------|-----------|-----------|----------|
| 02 ELIGIBLES | USERS | UNITS OF SERVICE | EXPENDITURES | AVERAGE COST | | COST PER | COST PER |
| | | OR DAYS OF CARE | | PER UNIT/DAY | PER ELIG | USER | ELIGIBLE |
| @ALL OTHER PROVIDERS | 1 | 40 \$ | 142.00 | \$ 3.55 | 20.000 \$ | 142.00 \$ | 71.00 |
| DURABLE MED. EQUIP. | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| BLOOD BANK | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| HEARING AID DISPENSERS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| MEDICAL TRANSPORTATION | 1 | 40 | 142.00 | 3.55 | 20.000 | 142.00 | 71.00 |
| AMBULANCES/AIR TRANS | 1 | 40 | 142.00 | 3.55 | 20.000 | 142.00 | 71.00 |
| OTHER TRANS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OTHER SERVICES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ACUPUNCTURE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ADULT DAY HEALTH CARE CTR | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| GENETIC DISEASE TESTING | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| IHMC, MODEL-NF, NF, AIDS, MSSP | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OCCUPATIONAL THERAPIST | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OPTICIAN | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PHYSICAL THERAPIST | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PORTABLE X-RAY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PROSTHETIST/ORTHOTISTS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PROSTHETICS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ORTHOTICS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PSYCHOLOGIST | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| SPEECH AND AUDIOLOGY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| HOSPICE SERVICES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| NONINST BIRTHING CENTERS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| LOCAL EDUCATION AGENCIES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| EPSDT SUPPLEMENTAL SERVICE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| RESPIRATORY CARE PRACT. | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PED SUBACUTE REHAB/WEANING | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER PROVIDERS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| @CALIF. CHILDREN SERVICES* | 0 | 0 \$ | .00 | \$.00 | .000 \$ | .00 \$ | .00 |
| @XOVER EXCLUDING STATE HOSP** | 0 | 0 \$ | .00 | \$.00 | .000 \$ | .00 \$ | .00 |
| A* TOTALS IN THESE LINES ARE CIVE | ZN AS A SEDAR | ATE INFORMATION ITEM ON | T.V • | | | | |

^{0*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 993

03/14/05

FEE-FOR-SERVICE/DENTAL

BUTTE COUNTY SUMMARY OF SERVICES FOR 185% AND 60-DAY PP TOTAL, CODES 44 47 48 49 69 76

| BUTTE COUNTY | SUMMARY OF SERV | JICES FOR 185% AND 60 | -DAY PP TOTAL, COI | DES 44 47 48 49 | | | |
|----------------------------|-----------------|-----------------------|--------------------|-----------------|-------|---------|----------|
| | | | | | | | GE |
| 7,317 ELIGIBLES | USERS | UNITS OF SERVICE | EXPENDITURES | AVERAGE COST | | | COST PER |
| | | OR DAYS OF CARE | | PER UNIT/DAY | | USER | ELIGIBLE |
| @TOTAL, ALL PROVIDERS | 4,919 | 26 , 580 \$ | 2,520,877.74 | \$ 94.84 | 3.633 | | |
| @PHYSICIANS SERVICES | 1,419 | 4,161 \$ | 342,304.62 | \$ 82.26 | .569 | | \$ 46.78 |
| OUTPATIENT VISITS | 586 | 833 | 55 , 901.65 | 67.11 | .114 | 95.40 | 7.64 |
| OFFICE VISITS | 290 | 365 | 14,206.91 | 38.92 | .050 | 48.99 | 1.94 |
| HOME VISITS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| EMERGENCY ROOM | 66 | 72 | 3,823.50 | 53.10 | .010 | 57.93 | .52 |
| PREVENTIVE CARE | 2 | 2 | 45.33 | 22.67 | .000 | 22.67 | .01 |
| OB VISITS/COMPRE PERI | 255 | 388 | 37,606.65 | 96.92 | .053 | 147.48 | 5.14 |
| OTHER OUTPATIENT | 5 | 6 | 219.26 | 36.54 | .001 | 43.85 | .03 |
| INPATIENT VISITS | 250 | 743 | 50,785.10 | 68.35 | .102 | 203.14 | 6.94 |
| HOSPITAL VISITS | 239 | 561 | 25,278.78 | 45.06 | .077 | 105.77 | 3.45 |
| CRITICAL CARE | 23 | 182 | 25,506.32 | 140.14 | .025 | 1108.97 | 3.49 |
| SNF/ICF/TRANS IP CARE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OPHTHALMOLOGICAL SERVICES | 9 | 10 | 437.83 | 43.78 | .001 | 48.65 | .06 |
| EXAMINATIONS | 9 | 10 | 437.83 | 43.78 | .001 | 48.65 | .06 |
| SERVICES AND MATERIALS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| INPATIENT HOSPITAL SURGERY | 268 | 1,342 | 188,236.07 | 140.27 | .183 | 702.37 | 25.73 |
| PRINCIPAL SURGEON | 190 | 211 | 163,426.97 | 774.54 | .029 | 860.14 | 22.34 |
| ASSISTANT SURGEON | 34 | 34 | 6,341.00 | 186.50 | .005 | 186.50 | .87 |
| ANESTHESIOLOGIST | 91 | 1,097 | 18,468.10 | 16.84 | .150 | 202.95 | 2.52 |
| OUTPATIENT SURGERY | 59 | 168 | 6,467.74 | 38.50 | .023 | 109.62 | .88 |
| PRINCIPAL SURGEON | 49 | 78 | 4,416.27 | 56.62 | .011 | 90.13 | .60 |
| ASSISTANT SURGEON | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ANESTHESIOLOGIST | 14 | 90 | 2,051.47 | 22.79 | .012 | 146.53 | .28 |
| DIALYSIS | 2 | 32 | 2,687.15 | 83.97 | .004 | 1343.58 | .37 |
| PATHOLOGY | 105 | 212 | 5,124.41 | 24.17 | .029 | 48.80 | .70 |
| RADIOLOGY | 494 | 620 | 25,522.05 | 41.16 | .085 | 51.66 | 3.49 |
| PSYCHIATRY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| IMMUNIZATION AND INJECTION | 14 | 33 | 528.45 | 16.01 | .005 | 37.75 | .07 |
| OTHER SERVICES/ALL X-OVERS | 108 | 168 | 6,614.17 | 39.37 | .023 | 61.24 | .90 |
| @PHARMACY | 1,643 | 3,896 \$ | 115,849.52 | \$ 29.74 | .532 | | |
| PRESCRIPTION DRUGS | 1,597 | 3,140 | 100,935.84 | 32.15 | .429 | 63.20 | 13.79 |
| SNF/ICF | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OUTPATIENTS | 1,597 | 3,140 | 100,935.84 | 32.15 | .429 | 63.20 | 13.79 |
| MEDICAL SUPPLIES | 112 | 756 | 14,913.68 | 19.73 | .103 | 133.16 | 2.04 |
| @DENTIST | 23 | 77 \$ | 1,627.40 | \$ 21.14 | .011 | | |
| VISITS - DIAGNOSTIC | 18 | 43 | 611.00 | 14.21 | .006 | 33.94 | .08 |
| ORAL SURGERY | 6 | 6 | 260.00 | 43.33 | .001 | 43.33 | .04 |
| DRUGS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ANESTHESIA | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PERIODONTICS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ENDODONTICS | 9 | 12 | 260.00 | 21.67 | .002 | 28.89 | .04 |
| RESTORATIVE DENTISTRY | 5 | 15 | 496.40 | 33.09 | .002 | 99.28 | .07 |
| PROSTHETICS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| DENTURES, STAYPLATES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| SPACE MAINTAINERS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| MAXILLOFACIAL SERVICES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| FRACTURES, DISLOCATIONS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ORTHODONTIC SERVICES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER SERVICES | 1 | 1 | .00 | .00 | .000 | .00 | .00 |
| VIII OIHEN SEVAICES | Т | Τ. | .00 | .00 | .000 | .00 | .00 |

MOP024

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 994 FEE-FOR-SERVICE/DENTAL

03/14/05

----- MONTHLY AVERAGE -----

BUTTE COUNTY SUMMARY OF SERVICES FOR 185% AND 60-DAY PP TOTAL, CODES 44 47 48 49 69 76

| | | | | | | | M | ON.I. | HLY AVERA | GĽ | |
|---|-------------------|------------------|----|--|----|--|-----------|-------|--------------------|----|----------|
| 7,317 ELIGIBLES | USERS | UNITS OF SERVICE | | EXPENDITURES | AV | ERAGE COST | UNITS/DAY | S | COST PER | | COST PER |
| | | OR DAYS OF CARE | | | PΕ | R UNIT/DAY | PER ELIG | | USER | | ELIGIBLE |
| @OPTOMETRIST | 2 | 2 | \$ | 94.90 | \$ | 47.45 | .000 | \$ | 47.45 | \$ | .01 |
| DIAGNOSTIC AND ANC. PROCED | 2 | 2 | | 94.90 | | 47.45 | .000 | | 47.45 | | .01 |
| EYE APPLIANCES | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| OTHER OPTOMETRIC SERVICES | 0 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| @CHIROPRACTOR | 0 | 0 | \$ | | \$ | .00 | .000 | Ċ | .00 | Ċ | .00 |
| | 0 | 0 | Ą | .00 | Ą | .00 | .000 | Ą | .00 | ۲ | |
| VISITS | 0 | 0 | | | | | | | | | .00 |
| OTHER SERVICES | U | • | _ | .00 | _ | .00 | .000 | _ | .00 | _ | .00 |
| @PODIATRIST | 0 | 0 | \$ | | \$ | .00 | .000 | Ş | .00 | Ş | .00 |
| MEDICINE/INJECTIONS | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| SURGERY/ANES. | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| RADIO./PATHOLOGY | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| OTHER | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| OTHER @HOME HEALTH AGENCY NURSE ANESTHESIST | 106 | 506 | \$ | 19,490.61 2,164.20 | \$ | 38.52 | .069 | \$ | 183.87 | \$ | 2.66 |
| NURSE ANESTHESIST | 16 | 174 | Ċ | 2,164.20 | Ś | 12.44 | .024 | | 135.26 | Ś | .30 |
| NUDGE MIDWITE | 711 | 6,231 | Ś | 134.092.09 | Ś | 21 52 | .852 | | 188.60 | | 18.33 |
| PEDIATRIC NURSE PRACTITIONER | 0 | 0,231 | Š | 00 | Ś | 00 | | | | \$ | .00 |
| PEDIATRIC NURSE PRACTITIONER FAMILY NURSE PRACTITIONER | 0 | 0 | Ċ | 134,092.09 .00 | ¢ | .00 | .000 | | .00 | | .00 |
| @TOTAL HOSPITAL | 0 1,907 308 | 7 , 155 | Ċ | .00 1,620,856.63 1,458,944.14 | Ċ | 226 53 | .978 | | 849.95 | | 221.52 |
| | 1,307 | | Ą | 1,020,030.03 | Ą | 1056 44 | 100 | | | ۲ | 199.39 |
| HOSP INPATIENT TOTAL | 308 | 1,381 | | 1,458,944.14 | | 1056.44 | .189 | | 4736.83 | | |
| HSC HOSPITALS | 20 | 242 | | 378,106.08 | | 1562.42 | .033 | | 18905.30 | | 51.68 |
| NON-HSC HOSPITAL TOTAL | 289 | 1,139 | | 1,080,838.06 | | 948.94 | .156 | | 3739.92 | | 147.72 |
| ACCOMMODATIONS | 289 | 1,139 | | 446,470.97 | | 391.99 | .156 | | 1544.88 | | 61.02 |
| ADMINISTRATIVE DAYS | 0 | 0 | | 446,470.97 .00 .00 | | .00 .00 226.53 1056.44 1562.42 948.94 391.99 | .000 | | .00 | | .00 |
| TRANSITIONAL IP CARE | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITAL TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT HOSP OUTPATIENT TOTAL MEDICAL | 289 | 1,139 | | .00 .00 446,470.97 634,367.09 .00 .00 161,912.49 36,810.64 3,454.05 34,428.12 24,829.50 49,078.36 13,311.82 12,628.75 | | 391.99 | .156 | | 1544.88 2195.04 | | 61.02 |
| ANCILLARIES | 289 | 0 | | 634,367.09 | | .00 | .000 | | 2195.04 | | 86.70 |
| INPATIENT CROSSOVERS | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| ALL OTHER INPATIENT | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| HOSP OUTPATIENT TOTAL | 1,758 | 5,774 | | 161,912.49 | | 28.04 | .789 | | 92.10 | | 22.13 |
| MEDICAL | 534 | 814 | | 36.810.64 | | 45.22 | .111 | | 68.93 | | 5.03 |
| SURGERY | 66 | 80 | | 3.454.05 | | 43 18 | .011 | | 52.33 | | .47 |
| PATHOLOGY | | 2,372 | | 34 428 12 | | 14 51 | .324 | | 44.48 | | 4.71 |
| RADIOLOGY | 359 | 386 | | 24 829 50 | | 64 33 | .053 | | 69.36 | | 3.39 |
| ROOM USE | 358 925 | 1 261 | | 40 079 36 | | 36.06 | .186 | | 53.06 | | 6.71 |
| CROSSOVERS/ALL OTH OUTPTNT | 363 | 7.501 | | 12 211 02 | | 17 40 | .104 | | 36.67 | | 1.82 |
| | 303 | 761 | Ċ | 10,011.02 | Ċ | 36.06 17.49 371.43 1195.00 | .104 | Ċ | | ċ | 1.73 |
| @COUNTY HOSPITAL TOTAL | 4 1 1 | 34 | \$ | 12,628.75 | Þ | 3/1.43 | .005 | Ş | 3157.19 | Ş | |
| CO HOSPITAL INPATIENT TOTAL | 1 | 10 | | 11,950.00 | | T T J J • U U | .001 | | 11950.00 | | 1.63 |
| HOC HOST TALLS | 1 | 34 10 10 | | | | 1193.00 | .001 | | 11950.00 | | 1.63 |
| NON-HSC HOSPITALS TOTAL | | • | | .00 | | .00 | .000 | | .00 | | .00 |
| ACCOMMODATIONS | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| ADMINISTRATIVE DAYS | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| TRANSITIONAL IP CARE | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| ALL OTHER ACCOM | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| ANCILLARIES | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| INPATIENT CROSSOVERS | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| ALL OTHER INPATIENT | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| CO HOSP OUTPATIENT TOTAL | 3 | 24 | | 678.75 | | 28.28 | .003 | | 226.25 | | .09 |
| MEDICAL | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| SURGERY | 1 | 2 | | 61.20 | | 30.60 | .000 | | 61.20 | | .01 |
| | 2 | 11 | | | | | | | | | .01 |
| PATHOLOGY | ∠ | 11 | | 164.82 | | 14.98 | .002 | | 82.41 | | . U ∠ |

| RADIOLOGY | 1 | 1 | 82.48 | 82.48 | .000 | 82.48 | .01 |
|----------------------------|------------------------|---------------|---------------------------|--------------|----------|--------|----------|
| ROOM USE | 2 | 5 | 313.53 | 62.71 | .001 | 156.77 | .04 |
| CROSSOVERS/ALL OTH OUTPINT | 3 | 5 | 56.72 | 11.34 | .001 | 18.91 | .01 |
| #CALIF DEPT OF HEALTH SERV | MEDI-CAL SERVICES AND | EXPENDITURES | MONTH-OF-PAYMENT REPORT | FOR JAN 2004 | THRU DEC | 2004 | PAGE 995 |
| MOP024 | FEE-FOR-SERVICE/DENTAL | | | | | | 03/14/05 |
| BUTTE COUNTY | SUMMARY OF SERVICES FO | OR 185% AND 6 | 50-DAY PP TOTAL, CODES 44 | 47 48 49 69 | 76 | | |

| DOTTE COONTI | DOINGING OF DELL | VIOLO IOIC IOO II | | , pin 11 1011111, 001 | 000 11 17 10 1. | , 65 , 6 | | | |
|----------------------------|------------------|-------------------|----|-----------------------|-----------------|------------|-------------|-------|----------|
| | | | | | | MC | NTHLY AVERA | AGE - | |
| 7,317 ELIGIBLES | USERS | UNITS OF SERVIC | E | EXPENDITURES | AVERAGE COST | UNITS/DAYS | COST PER | (| COST PER |
| | | OR DAYS OF CAR | E | | PER UNIT/DAY | PER ELIG | USER | I | ELIGIBLE |
| @COMMUNITY HOSPITAL TOTAL | 1,904 | 7,121 | \$ | 1,608,227.88 | \$ 225.84 | .973 | \$ 844.66 | \$ | 219.79 |
| COMM HOSP INPATIENT TOTAL | 307 | 1,371 | | 1,446,994.14 | 1055.43 | .187 | 4713.34 | | 197.76 |
| HSC HOSPITALS | 19 | 232 | | 366,156.08 | 1578.26 | .032 | 19271.37 | | 50.04 |
| NON-HSC HOSPITALS TOTAL | 289 | 1,139 | | 1,080,838.06 | 948.94 | .156 | 3739.92 | | 147.72 |
| ACCOMMODATIONS | 289 | 1,139 | | 446,470.97 | 391.99 | .156 | 1544.88 | | 61.02 |
| ADMINISTRATIVE DAYS | 0 | 0 | | .00 | .00 | .000 | .00 | | .00 |
| TRANSITIONAL IP CARE | 0 | 0 | | .00 | .00 | .000 | .00 | | .00 |
| ALL OTHER ACCOM | 289 | 1,139 | | 446,470.97 | 391.99 | .156 | 1544.88 | | 61.02 |
| ANCILLARIES | 289 | 0 | | 634,367.09 | .00 | .000 | 2195.04 | | 86.70 |
| INPATIENT CROSSOVERS | 0 | 0 | | .00 | .00 | .000 | .00 | | .00 |
| ALL OTHER INPATIENT | 0 | 0 | | .00 | .00 | .000 | .00 | | .00 |
| COMM HOSP OUTPATIENT TOTAL | 1,756 | 5 , 750 | | 161,233.74 | 28.04 | .786 | 91.82 | | 22.04 |
| MEDICAL | 534 | 814 | | 36,810.64 | 45.22 | .111 | 68.93 | | 5.03 |
| SURGERY | 65 | 78 | | 3,392.85 | 43.50 | .011 | 52.20 | | .46 |
| PATHOLOGY | 772 | 2,361 | | 34,263.30 | 14.51 | .323 | 44.38 | | 4.68 |
| RADIOLOGY | 357 | 385 | | 24,747.02 | 64.28 | .053 | 69.32 | | 3.38 |
| ROOM USE | 923 | 1,356 | | 48,764.83 | 35.96 | .185 | 52.83 | | 6.66 |
| CROSSOVERS/ALL OTH OUTPTNT | 360 | 756 | | 13,255.10 | 17.53 | .103 | 36.82 | | 1.81 |
| @STATE HOSPITAL | 0 | 0 | \$ | .00 | \$.00 | .000 | \$.00 | \$ | .00 |
| MENTALLY ILL | 0 | 0 | | .00 | .00 | .000 | .00 | | .00 |
| DEVELOP. DISABLED | 0 | 0 | | .00 | .00 | .000 | .00 | | .00 |
| @NURSING FACILITY | 0 | 0 | \$ | .00 | \$.00 | .000 | \$.00 | \$ | .00 |
| LEV A-INTERMEDIATE | 0 | 0 | | .00 | .00 | .000 | .00 | | .00 |

| LEV B-REHAB MD | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
|------------------------------|------------------------|----------------|-----|--------------------|--------|---------|-----------|-----|--------|----|----------|
| LEV B-SUBACUTE FREESTANDING | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| LEV B-SUBACUTE HSPTL BASED | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| LEV B-TRANSITIONAL IP CARE | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| LEV B-REGULAR | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| @INTERMEDIATE CARE FACILDD | 0 | 0 | \$ | .00 | \$ | .00 | .000 | \$ | .00 | \$ | .00 |
| ICF DDH | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| ICF DD | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| ICF DDN/DDCN | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| @HEMODIALYSIS TOTAL | 0 | 0 | \$ | .00 | \$ | .00 | .000 | \$ | .00 | \$ | .00 |
| HOSPITAL BASED | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| HEMODIALYSIS CENTER | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| @REHABILITATION FACILITY | 0 | 0 | \$ | .00 | \$ | .00 | .000 | \$ | .00 | \$ | .00 |
| HOSPITAL BASED | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| INDEPENDENT FACILITY | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| @LABORATORY FACILITY | 653 | 1,248 | \$ | 25,709.49 | \$ | 20.60 | .171 | \$ | 39.37 | \$ | 3.51 |
| PATHOLOGY | 653 | 1,248 | | 25,709.49 | | 20.60 | .171 | | 39.37 | | 3.51 |
| XO AND OTHERS | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| @ORGANIZED OUTPATIENT CLINIC | 1,102 | 2,086 | \$ | 226,720.23 | \$ | 108.69 | .285 | \$ | 205.74 | \$ | 30.99 |
| CLINIC | 115 | 511 | | 24,214.40 | | 47.39 | .070 | | 210.56 | | 3.31 |
| SURGICENTER | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| HEROIN DETOX CLINIC | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| RURAL HEALTH CLINIC | 988 | 1 , 575 | | 202,505.83 | | 128.58 | .215 | | 204.97 | | 27.68 |
| #CALIF DEPT OF HEALTH SERV | MEDI-CAL SERVICES AND | | RES | MONTH-OF-PAYMENT F | REPORT | FOR JAN | 2004 THRU | DEC | 2004 | P | AGE 996 |
| MOP024 | FEE-FOR-SERVICE/DENTAL | _ | | | | | | | | | 03/14/05 |

BUTTE COUNTY SUMMARY OF SERVICES FOR 185% AND 60-DAY PP TOTAL, CODES 44 47 48 49 69 76

| DOTTE COUNTY | DOMMANT OF DER | VICES FOR 1058 AND 00 | DAI II IOIAL, COI | DED 44 47 40 4. | | | |
|--------------------------------|----------------|-----------------------|--------------------|-----------------|----------|------------|----------|
| | | | | | | THLY AVERA | - |
| 7,317 ELIGIBLES | USERS | UNITS OF SERVICE | EXPENDITURES | AVERAGE COST | | COST PER | COST PER |
| | | OR DAYS OF CARE | | PER UNIT/DAY | PER ELIG | USER | ELIGIBLE |
| @ALL OTHER PROVIDERS | 178 | 1,044 \$ | 31,968.05 | \$ 30.62 | .143 \$ | | \$ 4.37 |
| DURABLE MED. EQUIP. | 25 | 28 | 1,684.41 | 60.16 | .004 | 67.38 | .23 |
| BLOOD BANK | 1 | 352 | 1,056.00 | 3.00 | .048 | 1056.00 | .14 |
| HEARING AID DISPENSERS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| MEDICAL TRANSPORTATION | 24 | 530 | 15 , 773.48 | 29.76 | .072 | 657.23 | 2.16 |
| AMBULANCES/AIR TRANS | 23 | 526 | 8,573.48 | 16.30 | .072 | 372.76 | 1.17 |
| OTHER TRANS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OTHER SERVICES | 4 | 4 | 7,200.00 | 1800.00 | .001 | 1800.00 | .98 |
| ACUPUNCTURE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ADULT DAY HEALTH CARE CTR | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| GENETIC DISEASE TESTING | 122 | 123 | 12,915.00 | 105.00 | .017 | 105.86 | 1.77 |
| IHMC, MODEL-NF, NF, AIDS, MSSP | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OCCUPATIONAL THERAPIST | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OPTICIAN | 1 | 4 | 25.58 | 6.40 | .001 | 25.58 | .00 |
| PHYSICAL THERAPIST | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PORTABLE X-RAY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PROSTHETIST/ORTHOTISTS | 4 | 4 | 378.73 | 94.68 | .001 | 94.68 | .05 |
| PROSTHETICS | 4 | 4 | 378.73 | 94.68 | .001 | 94.68 | .05 |
| ORTHOTICS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PSYCHOLOGIST | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| SPEECH AND AUDIOLOGY | 1 | 2 | 110.19 | 55.10 | .000 | 110.19 | .02 |
| HOSPICE SERVICES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| NONINST BIRTHING CENTERS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| LOCAL EDUCATION AGENCIES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| EPSDT SUPPLEMENTAL SERVICE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| RESPIRATORY CARE PRACT. | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PED SUBACUTE REHAB/WEANING | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| | | | | | | | |

| ALL OTHER PROVIDERS | 1 | 1 | 24.66 | 24.66 | .000 | 24.66 | .00 |
|-------------------------------|----|-------|------------------|--------------|------|---------------|-------------|
| @CALIF. CHILDREN SERVICES* | 37 | 1,473 | \$ 206,512.16 | \$ 140.20 | .201 | \$ 5581.41 | \$ 28.22 |
| @XOVER EXCLUDING STATE HOSP** | 2 | 11 | \$ 109.49 | \$ 9.95 | .002 | \$ 54.75 | \$.01 |

0* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 997 MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05

| BUTTE COUNTY | SUMMARY OF SER | VICES FOR TITLE II DI | SREGARD - AGED | AID CODE | 16 | | |
|----------------------------|----------------|-----------------------|----------------|--------------|------------|------------|-----------|
| | | | | | MON' | THLY AVERA | GE |
| 1,964 ELIGIBLES | USERS | UNITS OF SERVICE | EXPENDITURES | AVERAGE COST | UNITS/DAYS | COST PER | COST PER |
| | | OR DAYS OF CARE | | PER UNIT/DAY | PER ELIG | USER | ELIGIBLE |
| @TOTAL, ALL PROVIDERS | 1,947 | 51,366 \$ | 1,066,489.73 | \$ 20.76 | 26.154 \$ | 547.76 | \$ 543.02 |
| @PHYSICIANS SERVICES | 435 | 1,342 \$ | 14,184.98 | \$ 10.57 | .683 \$ | 32.61 | \$ 7.22 |
| OUTPATIENT VISITS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OFFICE VISITS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| HOME VISITS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| EMERGENCY ROOM | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PREVENTIVE CARE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OB VISITS/COMPRE PERI | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OTHER OUTPATIENT | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| INPATIENT VISITS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| HOSPITAL VISITS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| CRITICAL CARE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| SNF/ICF/TRANS IP CARE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OPHTHALMOLOGICAL SERVICES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| EXAMINATIONS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| SERVICES AND MATERIALS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| INPATIENT HOSPITAL SURGERY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PRINCIPAL SURGEON | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ASSISTANT SURGEON | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ANESTHESIOLOGIST | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OUTPATIENT SURGERY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PRINCIPAL SURGEON | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ASSISTANT SURGEON | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ANESTHESIOLOGIST | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| DIALYSIS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PATHOLOGY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| RADIOLOGY | 1 | 1 | 5.19 | 5.19 | .001 | 5.19 | .00 |
| PSYCHIATRY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| IMMUNIZATION AND INJECTION | 1 | 1 | 10.93 | 10.93 | .001 | 10.93 | .01 |
| OTHER SERVICES/ALL X-OVERS | 433 | 1,340 | 14,168.86 | 10.57 | .682 | 32.72 | 7.21 |
| @PHARMACY | 1,701 | 40,195 \$ | 738,036.14 | \$ 18.36 | 20.466 \$ | | |
| PRESCRIPTION DRUGS | 1,666 | 8,825 | 715,888.63 | 81.12 | 4.493 | 429.71 | 364.51 |
| SNF/ICF | 30 | 236 | 16,094.21 | 68.20 | .120 | 536.47 | 8.19 |
| OUTPATIENTS | 1,638 | 8,589 | 699,794.42 | 81.48 | 4.373 | 427.22 | 356.31 |
| MEDICAL SUPPLIES | 252 | 31,370 | 22,147.51 | .71 | 15.973 | 87.89 | 11.28 |
| @DENTIST | 45 | 150 \$ | 6,869.75 | \$ 45.80 | .076 \$ | | |
| VISITS - DIAGNOSTIC | 27 | 82 | 1,151.00 | 14.04 | .042 | 42.63 | .59 |
| ORAL SURGERY | 6 | 9 | 393.75 | 43.75 | .005 | 65.63 | .20 |
| DRUGS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ANESTHESIA | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PERIODONTICS | 4 | 4 | 346.00 | 86.50 | .002 | 86.50 | .18 |
| ENDODONTICS | 1 | 1 | 260.00 | 260.00 | .001 | 260.00 | .13 |
| RESTORATIVE DENTISTRY | 6 | 14 | 759.00 | 54.21 | .007 | 126.50 | .39 |
| PROSTHETICS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |

| DENTURES, STAYPLATES | 16 | 40 | 3,960.00 | 99.00 | .020 | 247.50 | 2.02 |
|----------------------------|-----------------------|--------------|-------------------------|----------|-------------|----------|----------|
| SPACE MAINTAINERS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| MAXILLOFACIAL SERVICES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| FRACTURES, DISLOCATIONS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ORTHODONTIC SERVICES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER SERVICES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| #CALIF DEPT OF HEALTH SERV | MEDI-CAL SERVICES AND | EXPENDITURES | MONTH-OF-PAYMENT REPORT | FOR JAN | 2004 THRU D | DEC 2004 | PAGE 998 |
| MOP024 | FEE-FOR-SERVICE/DENTA | L | | | | | 03/14/05 |
| BUTTE COUNTY | SUMMARY OF SERVICES F | OR TITLE II | DISREGARD - AGED | AID CODE | 16 | | |

| BUTTE COUNTY | SUMMARY OF SER | VICES FOR TITLE | II DIS | SREGARD - AGED | | AID CODE | 16 | | | | |
|------------------------------|----------------|------------------|--------|----------------|-----|------------|-----------|-----|-----------|-----|----------|
| | | | | | | | M | ONT | HLY AVERA | GE. | |
| 1,964 ELIGIBLES | USERS | UNITS OF SERVICE | 3 | EXPENDITURES | AVE | ERAGE COST | UNITS/DAY | S | COST PER | | COST PER |
| | | OR DAYS OF CAR | € | | PEF | R UNIT/DAY | PER ELIG | | USER | | ELIGIBLE |
| @OPTOMETRIST | 55 | 136 | \$ | 2,235.53 | \$ | 16.44 | .069 | \$ | 40.65 | \$ | 1.14 |
| DIAGNOSTIC AND ANC. PROCED | 1 | 1 | | 8.01 | | 8.01 | .001 | | 8.01 | | .00 |
| EYE APPLIANCES | 42 | 115 | | 1,903.76 | | 16.55 | .059 | | 45.33 | | .97 |
| OTHER OPTOMETRIC SERVICES | 14 | 20 | | 323.76 | | 16.19 | .010 | | 23.13 | | .16 |
| @CHIROPRACTOR | 0 | 0 | \$ | .00 | \$ | .00 | .000 | \$ | .00 | \$ | .00 |
| VISITS | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| OTHER SERVICES | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| @PODIATRIST | 62 | 86 | \$ | 447.28 | \$ | 5.20 | .044 | \$ | 7.21 | \$ | .23 |
| MEDICINE/INJECTIONS | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| SURGERY/ANES. | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| RADIO./PATHOLOGY | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| OTHER | 62 | 86 | | 447.28 | | 5.20 | .044 | | 7.21 | | .23 |
| @HOME HEALTH AGENCY | 0 | 0 | \$ | .00 | \$ | .00 | .000 | \$ | .00 | \$ | .00 |
| NURSE ANESTHESIST | 0 | 0 | \$ | .00 | \$ | .00 | .000 | \$ | .00 | \$ | .00 |
| NURSE MIDWIFE | 0 | 0 | \$ | .00 | \$ | .00 | .000 | \$ | .00 | \$ | .00 |
| PEDIATRIC NURSE PRACTITIONER | 0 | 0 | \$ | .00 | \$ | .00 | .000 | \$ | .00 | \$ | .00 |
| FAMILY NURSE PRACTITIONER | 0 | 0 | \$ | .00 | \$ | .00 | .000 | \$ | .00 | \$ | .00 |
| @TOTAL HOSPITAL | 376 | 1,248 | \$ | 67,262.08 | \$ | 53.90 | .635 | \$ | 178.89 | \$ | 34.25 |
| HOSP INPATIENT TOTAL | 52 | 0 | | 44,210.09 | | .00 | .000 | | 850.19 | | 22.51 |
| HSC HOSPITALS | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| NON-HSC HOSPITAL TOTAL | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| ACCOMMODATIONS | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| ADMINISTRATIVE DAYS | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| TRANSITIONAL IP CARE | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| ALL OTHER ACCOM | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| ANCILLARIES | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| INPATIENT CROSSOVERS | 52 | 0 | | 44,210.09 | | .00 | .000 | | 850.19 | | 22.51 |
| ALL OTHER INPATIENT | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| HOSP OUTPATIENT TOTAL | 361 | 1,248 | | 23,051.99 | | 18.47 | .635 | | 63.86 | | 11.74 |
| MEDICAL | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| SURGERY | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| PATHOLOGY | 11 | 13 | | 170.15 | | 13.09 | .007 | | 15.47 | | .09 |
| RADIOLOGY | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| ROOM USE | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| CROSSOVERS/ALL OTH OUTPTNT | 352 | 1,235 | | 22,881.84 | | 18.53 | .629 | | 65.01 | | 11.65 |
| @COUNTY HOSPITAL TOTAL | 0 | 0 | \$ | .00 | \$ | .00 | .000 | \$ | | \$ | .00 |
| CO HOSPITAL INPATIENT TOTAL | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| HSC HOSPITALS | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| NON-HSC HOSPITALS TOTAL | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| ACCOMMODATIONS | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| ADMINISTRATIVE DAYS | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| TRANSITIONAL IP CARE | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| ALL OTHER ACCOM | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| ANCILLARIES | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |

| INPATIENT CROSSOVERS | 0 | 0 | | .00 | | .00 | .000 | . 0 |) | .00 |
|-----------------------------|-----------------|--------------------|----------|------------------|----------|-------------|-------------|------------|---|----------|
| ALL OTHER INPATIENT | 0 | 0 | | .00 | | .00 | .000 | .0 | | .00 |
| CO HOSP OUTPATIENT TOTAL | 0 | 0 | | .00 | | .00 | .000 | .0 |) | .00 |
| MEDICAL | 0 | 0 | | .00 | | .00 | .000 | .0 | | .00 |
| SURGERY | 0 | 0 | | .00 | | .00 | .000 | .0 |) | .00 |
| PATHOLOGY | Ō | 0 | | .00 | | .00 | .000 | .0 |) | .00 |
| RADIOLOGY | Ō | 0 | | .00 | | .00 | .000 | .0 |) | .00 |
| ROOM USE | 0 | 0 | | .00 | | .00 | .000 | .0 |) | .00 |
| CROSSOVERS/ALL OTH OUTPINT | 0 | 0 | | .00 | | .00 | .000 | .0 |) | .00 |
| #CALIF DEPT OF HEALTH SERV | MEDI-CAL SERVIC | ES AND EXPENDITURE | ES MON | NTH-OF-PAYMENT F | REPOR' | r for jan 2 | 2004 THRU I | DEC 2004 | I | PAGE 999 |
| MOP024 | FEE-FOR-SERVICE | /DENTAL | | | | | | | | 03/14/05 |
| BUTTE COUNTY | SUMMARY OF SERV | ICES FOR TITLE II | I DISE | REGARD - AGED | | AID CODE | 16 | | | |
| | | | | | | | | ONTHLY AVE | | |
| 1,964 ELIGIBLES | USERS | UNITS OF SERVICE | | EXPENDITURES | | ERAGE COST | UNITS/DAYS | | ? | COST PER |
| | | OR DAYS OF CARE | | | | R UNIT/DAY | PER ELIG | USER | | ELIGIBLE |
| @COMMUNITY HOSPITAL TOTAL | 376 | 1,248 | \$ | 67,262.08 | \$ | 53.90 | .635 | • | | 34.25 |
| COMM HOSP INPATIENT TOTAL | 52 | 0 | | 44,210.09 | | .00 | .000 | 850.1 | | 22.51 |
| HSC HOSPITALS | 0 | 0 | | .00 | | .00 | .000 | .0 | | .00 |
| NON-HSC HOSPITALS TOTAL | 0 | 0 | | .00 | | .00 | .000 | .0 | | .00 |
| ACCOMMODATIONS | 0 | 0 | | .00 | | .00 | .000 | .0 | | .00 |
| ADMINISTRATIVE DAYS | 0 | 0 | | .00 | | .00 | .000 | .0 | | .00 |
| TRANSITIONAL IP CARE | 0 | 0 | | .00 | | .00 | .000 | .0 | | .00 |
| ALL OTHER ACCOM | 0 | 0 | | .00 | | .00 | .000 | .0 | | .00 |
| ANCILLARIES | 0 | 0 | | .00 | | .00 | .000 | .0 | | .00 |
| INPATIENT CROSSOVERS | 52 | 0 | | 44,210.09 | | .00 | .000 | 850.1 | | 22.51 |
| ALL OTHER INPATIENT | 0 | 0 | | .00 | | .00 | .000 | .0 | | .00 |
| COMM HOSP OUTPATIENT TOTAL | 361 | 1,248 | | 23,051.99 | | 18.47 | .635 | 63.8 | | 11.74 |
| MEDICAL | 0 | 0 | | .00 | | .00 | .000 | .0 | | .00 |
| SURGERY | 0 | 0 | | .00 | | .00 | .000 | .0 | | .00 |
| PATHOLOGY | 11 | 13 | | 170.15 | | 13.09 | .007 | 15.4 | | .09 |
| RADIOLOGY | 0 | 0 | | .00 | | .00 | .000 | .0 | | .00 |
| ROOM USE | 0 | 0 | | .00 | | .00 | .000 | .0 | | .00 |
| CROSSOVERS/ALL OTH OUTPTNT | 352 | 1,235 | Ċ | 22,881.84 | Ċ | 18.53 | .629 | 65.0 | | 11.65 |
| @STATE HOSPITAL | 0 | 0 | \$ | .00 | \$ | .00 | | \$.0 | | .00 |
| MENTALLY ILL | 0 | 0 | | .00 | | .00 | .000 | .0 | | .00 |
| DEVELOP. DISABLED | - | 0 | <u> </u> | .00 | <u>^</u> | .00 | .000 | .0 | | .00 |
| @NURSING FACILITY | 52 | 657 | \$ | 116,493.06 | \$ | 177.31 | | \$ 2240.2 | | 59.31 |
| LEV A-INTERMEDIATE | 0 | 0 | | .00 | | .00 | .000 | .0 | | .00 |
| LEV B-REHAB MD | U | 0 | | .00 | | .00 | .000 | .0 | | .00 |
| LEV B-SUBACUTE FREESTANDING | U | 0 | | .00 | | .00 | .000 | .0 | | .00 |
| LEV B-SUBACUTE HSPTL BASED | 0 | 0 | | .00 | | .00 | .000 | .0 | | .00 |
| LEV B-TRANSITIONAL IP CARE | 0 | 0 | | .00 | | .00 | .000 | .0 |) | .00 |

116,493.06

.00

.00

.00

.00

.00

.00

.00

.00

66.45

42.19

24.26

2,735.46

2,735.46

LEV B-REGULAR

ICF DDN/DDCN

@HEMODIALYSIS TOTAL

HEMODIALYSIS CENTER

@REHABILITATION FACILITY

INDEPENDENT FACILITY

HOSPITAL BASED

HOSPITAL BASED

XO AND OTHERS

PATHOLOGY

@LABORATORY FACILITY

ICF DDH

ICF DD

@INTERMEDIATE CARE FACIL.-DD

52

0

0

0

0

5

0

5

0

0

0

5

657

0

0

0

0

7

0

7

0

0

0

6

.335

.000

.000

.000

.000

.004

.000

.000

.001

.002

.000 \$

.003 \$

.004

.000 \$

2240.25

.00 \$

.00

.00

.00

547.09 \$

.00

.00

.00

21.10

8.09

13.29 \$

.00 \$

547.09

59.31

.00

.00

.00

.00

1.39

.00

.00

.00

.00

.03

.02

.01

1.39

177.31

390.78

390.78

.00

.00

.00

.00

.00

.00

.00

.00

11.08

21.10

6.07

| @ORGANIZED OUTPATIENT CLINIC CLINIC SURGICENTER HEROIN DETOX CLINIC RURAL HEALTH CLINIC | 257 8 0 0 249 | 474 \$ 15 0 0 0 459 | 671.02 .00 .00 .00 25,973.61 | \$ 56.21 44.73 .00 .00 56.59 | .241 \$.008 .000 .000 .234 | 83.88 .00 .00 104.31 | .34 .00 .00 |
|---|---------------------------|-------------------------------------|--|--|-----------------------------|-------------------------------|----------------------|
| #CALIF DEPT OF HEALTH SERV | | | MONTH-OF-PAYMENT R | EPORT FOR JAN 2 | 2004 THRU DE | C 2004 | PAGE 1,000 |
| MOP024 BUTTE COUNTY | FEE-FOR-SERVICE | TOENTAL ICES FOR TITLE II | DICRECARD - ACED | AID CODE | 16 | | 03/14/05 |
| BOILE COONII | SUMMARI OF SERV | ICES FOR IIILE II | DISKEGARD - AGED | AID CODE | | THLY AVERA | GE |
| 1,964 ELIGIBLES | USERS | UNITS OF SERVICE OR DAYS OF CARE | EXPENDITURES | AVERAGE COST PER UNIT/DAY | | COST PER USER | COST PER ELIGIBLE |
| @ALL OTHER PROVIDERS | 530 | 7,065 \$ | 91,514.37 | \$ 12.95 | 3.597 \$ | 172.67 | \$ 46.60 |
| DURABLE MED. EQUIP. | 17 | 23 | 1,513.23 | 65.79 | .012 | 89.01 | .77 |
| BLOOD BANK | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| HEARING AID DISPENSERS | 65 | 134 | 12,805.61 | 95.56 | .068 | 197.01 | 6.52 |
| MEDICAL TRANSPORTATION | 51 | 2,303 | 8 , 579.97 | 3.73 | 1.173 | 168.23 | 4.37 |
| AMBULANCES/AIR TRANS | 4 | 6 | 433.46 | 72.24 | .003 | 108.37 | .22 |
| OTHER TRANS | 48 | 2,296 | 8,134.65 | 3.54 | 1.169 | 169.47 | 4.14 |
| OTHER SERVICES | 1 | 1 | 11.86 | 11.86 | .001 | 11.86 | .01 |
| ACUPUNCTURE | 1 | 2 | 32.44 | 16.22 | .001 | 32.44 | .02 |
| ADULT DAY HEALTH CARE CTR | 5 | 58 | 4,035.64 | 69.58 | .030 | 807.13 | 2.05 |
| GENETIC DISEASE TESTING | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| IHMC, MODEL-NF, NF, AIDS, MSSP | 83 | 923 | 47,874.54 | 51.87 | .470 | 576.80 | 24.38 |
| OCCUPATIONAL THERAPIST | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OPTICIAN | 51 | 119 | 1,358.75 | 11.42 | .061 | 26.64 | .69 |
| PHYSICAL THERAPIST | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PORTABLE X-RAY | 3 | 5 | 1.90 | .38 | .003 | .63 | .00 |
| PROSTHETIST/ORTHOTISTS | 4 | 16 | 739.18 | 46.20 | .008 | 184.80 | .38 |
| PROSTHETICS | 4 | 16 | 739.18 | 46.20 | .008 | 184.80 | .38 |
| ORTHOTICS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PSYCHOLOGIST | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| SPEECH AND AUDIOLOGY | 4 | 10 | 438.63 | 43.86 | .005 | 109.66 | .22 |

| HOSPICE SERVICES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
|-------------------------------|-----|----------------|------------------|-------------|-------|--------------|-------------|
| NONINST BIRTHING CENTERS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| LOCAL EDUCATION AGENCIES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| EPSDT SUPPLEMENTAL SERVICE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| RESPIRATORY CARE PRACT. | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PED SUBACUTE REHAB/WEANING | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER PROVIDERS | 350 | 3 , 472 | 14,134.48 | 4.07 | 1.768 | 40.38 | 7.20 |
| @CALIF. CHILDREN SERVICES* | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 |
| @XOVER EXCLUDING STATE HOSP** | 919 | 4,349 | \$ 142,089.91 | \$ 32.67 | 2.214 | \$ 154.61 | \$ 72.35 |
| a | | | | | | | |

^{0*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 1,001 MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05 BUTTE COUNTY SUMMARY OF SERVICES FOR TITLE II DISREGARD - BLIND AID CODES 26 6A

| A C |
|--|
| ## CHOTAL, ALL PROVIDERS 25 1,224 \$ 14,281.66 \$ 11.67 47.077 \$ 571.27 \$ 549.29 |
| @TOTAL, ALL PROVIDERS 25 1,224 \$ 14,281.66 \$ 11.67 47.077 \$ 571.27 \$ 549.29 @PHYSICIANS SERVICES 5 15 \$ 262.76 \$ 17.52 .577 \$ 52.55 \$ 10.11 OUTPATIENT VISITS 0 0 .00 .00 .00 .00 .00 .00 OFFICE VISITS 0 0 .00 |
| @PHYSICIANS SERVICES 5 15 \$ 262.76 \$ 17.52 .577 \$ 52.55 \$ 10.11 OUTPATIENT VISITS 0 0 0 .00 .00 .000 .00 </td |
| OUTPATIENT VISITS 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 |
| OFFICE VISITS 0 0 0 0 0 00 00 00 00 00 00 00 00 00 0 |
| HOME VISITS 0 0 .00 < |
| EMERGENCY ROOM 0 0 .00 |
| PREVENTIVE CARE 0 0 .00 .00 .00 .00 .00 .00 OB VISITS/COMPRE PERI 0 0 .00 |
| OB VISITS/COMPRE PERI 0 0 .00 |
| OTHER OUTPATIENT 0 0 .00 <t< td=""></t<> |
| INPATIENT VISITS 0 0 .00 <t< td=""></t<> |
| HOSPITAL VISITS 0 0 .00 |
| CRITICAL CARE 0 0 0 .00 .00 .00 .00 .00 .00 .00 .00 |
| SNF/ICF/TRANS IP CARE 0 0 .00 |
| OPHTHALMOLOGICAL SERVICES 0 0 .00 .00 .00 .00 .00 EXAMINATIONS 0 0 .00 .00 .00 .00 .00 |
| EXAMINATIONS 0 0 .00 .00 .00 .00 .00 .00 |
| |
| SERVICES AND MATERIALS O O O OO OO OO OO OO |
| |
| INPATIENT HOSPITAL SURGERY 0 0 .00 .00 .00 .00 .00 .00 |
| PRINCIPAL SURGEON 0 0 .00 .00 .00 .00 .00 .00 |
| ASSISTANT SURGEON 0 0 .00 .00 .00 .00 .00 .00 |
| ANESTHESIOLOGIST 0 0 .00 .00 .00 .00 .00 .00 .00 |
| OUTPATIENT SURGERY 0 0 0 .00 .00 .00 .00 .00 .00 |
| PRINCIPAL SURGEON 0 0 .00 .00 .00 .00 .00 .00 |
| ASSISTANT SURGEON 0 0 .00 .00 .00 .00 .00 .00 .00 |
| ANESTHESIOLOGIST 0 0 .00 .00 .00 .00 .00 .00 .00 |
| DIALYSIS 0 0 .00 .00 .00 .00 .00 .00 |
| PATHOLOGY 0 0 .00 .00 .00 .00 .00 .00 |
| RADIOLOGY 0 0 .00 .00 .00 .00 .00 .00 |
| PSYCHIATRY 0 0 0 .00 .00 .00 .00 .00 .00 |
| IMMUNIZATION AND INJECTION 0 0 .00 .00 .00 .00 .00 .00 |
| OTHER SERVICES/ALL X-OVERS 5 15 262.76 17.52 .577 52.55 10.11 |
| @PHARMACY 20 261 \$ 6,478.33 \$ 24.82 10.038 \$ 323.92 \$ 249.17 |
| PRESCRIPTION DRUGS 15 94 5,300.15 56.38 3.615 353.34 203.85 |
| SNF/ICF 0 0 0 .00 .00 .00 .00 .00 .00 |
| OUTPATIENTS 15 94 5,300.15 56.38 3.615 353.34 203.85 |
| MEDICAL SUPPLIES 10 167 1,178.18 7.05 6.423 117.82 45.31 |
| @DENTIST 0 0 \$.00 \$.00 .000 \$.00 \$.00 |
| VISITS - DIAGNOSTIC 0 0 .00 .00 .00 .00 .00 .00 .00 |
| ORAL SURGERY 0 0 .00 .00 .00 .00 .00 .00 |

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

| DRUGS | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
|------------------------------|------------------|----------------|----------|----------------------|----------|-------------|--------------|----------|------------|----------|-----------|
| ANESTHESIA | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| PERIODONTICS | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| ENDODONTICS | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| RESTORATIVE DENTISTRY | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| PROSTHETICS | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| DENTURES, STAYPLATES | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| SPACE MAINTAINERS | 0 | Û | | .00 | | .00 | .000 | | .00 | | .00 |
| MAXILLOFACIAL SERVICES | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| FRACTURES, DISLOCATIONS | 0 | Û | | .00 | | .00 | .000 | | .00 | | .00 |
| ORTHODONTIC SERVICES | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| ALL OTHER SERVICES | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| #CALIF DEPT OF HEALTH SERV | | • | IDEC I | MONTH-OF-PAYMENT R | FPART | | |)EC | | D | AGE 1,002 |
| MOP024 | FEE-FOR-SERVICE | | 111110 | MONIII OF TATMENT IN | 01(1 | . FOR OAN 2 | .004 IIIIC I | | 2004 | | 03/14/05 |
| BUTTE COUNTY | | | TT D | ISREGARD - BLIND | 7 T F | CODES 26 | 67 | | | | 03/14/03 |
| BUILE COUNTI | SUMMARI OF SERV. | ICES FOR IIILE | II D | ISKEGARD - BLIND | AIL | CODES 20 | MO | ייינער | מדע אוודסא | CF | |
| 26 ELIGIBLES | USERS | UNITS OF SERVI | 70 | EXPENDITURES | 7/17 | RAGE COST | | | COST PER | | COST PER |
| 20 ELIGIBLES | OSEKS | OR DAYS OF CAR | | EXPENDITORES | | R UNIT/DAY | PER ELIG | > | USER | | ELIGIBLE |
| GODWOMEND I CH | 1 | OR DAIS OF CAR | \$ | 9.86 | \$ | 4.93 | .077 | ċ | 9.86 | | .38 |
| @OPTOMETRIST | 0 | 0 | Ą | | Ą | | | Ą | .00 | Ą | |
| DIAGNOSTIC AND ANC. PROCED | | 0 | | .00 | | .00 | .000 | | | | .00 |
| EYE APPLIANCES | 0 | • | | .00 | | .00 | .000 | | .00 | | .00 |
| OTHER OPTOMETRIC SERVICES | 0 | 2 | ć | 9.86 | Ċ | 4.93 | .077 | Ċ | 9.86 | Ċ | .38 |
| @CHIROPRACTOR | 0 | 0 | \$ | .00 | \$ | .00 | .000 | \$ | .00 | Ş | .00 |
| VISITS | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| OTHER SERVICES | 0 | 0 | <u> </u> | .00 | <u> </u> | .00 | .000 | <u> </u> | .00 | <u> </u> | .00 |
| @PODIATRIST | 0 | 0 | \$ | .00 | \$ | .00 | .000 | \$ | | \$ | .00 |
| MEDICINE/INJECTIONS | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| SURGERY/ANES. | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| RADIO./PATHOLOGY | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| OTHER | 0 | 0 | _ | .00 | _ | .00 | .000 | _ | .00 | _ | .00 |
| @HOME HEALTH AGENCY | 0 | 0 | \$ | .00 | \$ | .00 | .000 | Ş | .00 | \$ | .00 |
| NURSE ANESTHESIST | 0 | 0 | Ş | .00 | \$ | .00 | .000 | Ş | .00 | \$ | .00 |
| NURSE MIDWIFE | 0 | 0 | Ş | .00 | \$ | .00 | .000 | Ş | .00 | Ş | .00 |
| PEDIATRIC NURSE PRACTITIONER | . 0 | 0 | Ş | .00 | Ş | .00 | .000 | \$ | .00 | \$ | .00 |
| FAMILY NURSE PRACTITIONER | 0 | 0 | \$ | .00 | \$ | .00 | .000 | \$ | .00 | \$ | .00 |
| @TOTAL HOSPITAL | 3 | 5 | Ş | 931.59 | \$ | 186.32 | .192 | \$ | 310.53 | \$ | 35.83 |
| HOSP INPATIENT TOTAL | 1 | 0 | | 876.00 | | .00 | .000 | | 876.00 | | 33.69 |
| HSC HOSPITALS | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| NON-HSC HOSPITAL TOTAL | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| ACCOMMODATIONS | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| ADMINISTRATIVE DAYS | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| TRANSITIONAL IP CARE | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| ALL OTHER ACCOM | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| ANCILLARIES | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| INPATIENT CROSSOVERS | 1 | 0 | | 876.00 | | .00 | .000 | | 876.00 | | 33.69 |
| ALL OTHER INPATIENT | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| HOSP OUTPATIENT TOTAL | 2 | 5 | | 55.59 | | 11.12 | .192 | | 27.80 | | 2.14 |
| MEDICAL | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| SURGERY | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| PATHOLOGY | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| RADIOLOGY | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| ROOM USE | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| CROSSOVERS/ALL OTH OUTPTNT | 2 | 5 | | 55.59 | | 11.12 | .192 | | 27.80 | | 2.14 |
| @COUNTY HOSPITAL TOTAL | 0 | 0 | \$ | .00 | \$ | .00 | .000 | \$ | .00 | \$ | .00 |
| CO HOSPITAL INPATIENT TOTAL | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| HSC HOSPITALS | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| | | | | | | | | | | | |

| NON-HSC HOSPITALS TOTAL | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
|-----------------------------|-------------------------|---------------|---------------------|-----------------|---------------|----------|------------|
| ACCOMMODATIONS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ADMINISTRATIVE DAYS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| TRANSITIONAL IP CARE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER ACCOM | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ANCILLARIES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| INPATIENT CROSSOVERS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER INPATIENT | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| CO HOSP OUTPATIENT TOTAL | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| MEDICAL | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| SURGERY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PATHOLOGY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| RADIOLOGY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| | 0 | 0 | .00 | .00 | .000 | | |
| ROOM USE | 0 | 0 | .00 | | | .00 | .00 |
| CROSSOVERS/ALL OTH OUTPTNT | MEDI-CAL SERVICES AND E | • | | .00 | .000 | .00 | .00 |
| #CALIF DEPT OF HEALTH SERV | | XPENDITURES M | IONTH-OF-PAYMENT RE | EPORT FOR JAN 2 | 2004 THRU DEC | 2004 | PAGE 1,003 |
| MOP024 | FEE-FOR-SERVICE/DENTAL | | CDECARD DI IND | 3.TD GODDG 0.6 | C 7) | | 03/14/05 |
| BUTTE COUNTY | SUMMARY OF SERVICES FOR | TITLE II DI | SREGARD - BLIND | AID CODES 26 | | | |
| 26 811618183 | HOEDO INTEGO | - CEDITOR | | 317ED3 CE COCE | MONT | | |
| 26 ELIGIBLES | | F SERVICE | EXPENDITURES | AVERAGE COST | | COST PER | COST PER |
| | | S OF CARE | 001 50 | PER UNIT/DAY | PER ELIG | USER | ELIGIBLE |
| @COMMUNITY HOSPITAL TOTAL | 3 | 5 \$ | 931.59 | \$ 186.32 | .192 \$ | 310.53 | |
| COMM HOSP INPATIENT TOTAL | 1 | 0 | 876.00 | .00 | .000 | 876.00 | 33.69 |
| HSC HOSPITALS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| NON-HSC HOSPITALS TOTAL | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ACCOMMODATIONS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ADMINISTRATIVE DAYS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| TRANSITIONAL IP CARE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER ACCOM | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ANCILLARIES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| INPATIENT CROSSOVERS | 1 | 0 | 876.00 | .00 | .000 | 876.00 | 33.69 |
| ALL OTHER INPATIENT | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| COMM HOSP OUTPATIENT TOTAL | 2 | 5 | 55.59 | 11.12 | .192 | 27.80 | 2.14 |
| MEDICAL | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| SURGERY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PATHOLOGY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| RADIOLOGY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ROOM USE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| CROSSOVERS/ALL OTH OUTPINT | 2 | 5 | 55.59 | 11.12 | .192 | 27.80 | 2.14 |
| @STATE HOSPITAL | 0 | 0 \$ | .00 | \$.00 | .000 \$ | .00 | \$.00 |
| MENTALLY ILL | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| DEVELOP. DISABLED | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| @NURSING FACILITY | 1 | 9 \$ | 1,036.71 | \$ 115.19 | .346 \$ | 1036.71 | \$ 39.87 |
| LEV A-INTERMEDIATE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| LEV B-REHAB MD | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| LEV B-SUBACUTE FREESTANDING | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| LEV B-SUBACUTE HSPTL BASED | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| | | • | 0.0 | 0.0 | 0.00 | 0.0 | 0.0 |

0 9 0

0

.00

.00

.00

.00

.00

.00

\$

1,036.71

1,894.22

1,894.22

.00

.00

.00

.00

.00

.00

115.19

378.84

378.84

.000

.346

.000

.000

.000

.000

.192

.000 \$

.192 \$

.00

.00

.00

.00

631.41 \$

.00

631.41

.00 \$

1036.71

.00

39.87

.00

.00

.00

.00

72.85

.00

72.85

LEV B-TRANSITIONAL IP CARE

@INTERMEDIATE CARE FACIL.-DD

LEV B-REGULAR

ICF DDN/DDCN

@HEMODIALYSIS TOTAL

HEMODIALYSIS CENTER

HOSPITAL BASED

ICF DDH

ICF DD

0

0

0

3

0

| | 0 | | 0 | Ċ | 0.0 | Ċ | 0.0 | 0.00 | ċ | 0.0 | Ċ | 0.0 |
|--------------------------------|------------------|------------|---------|--------|-------------------|-------|------------|-----------|-----|-----------|------|----------|
| @REHABILITATION FACILITY | 0 | | 0 | Ş | .00 | \$ | .00 | .000 | Ş | .00 | Ş | .00 |
| HOSPITAL BASED | 0 | | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| INDEPENDENT FACILITY | U | | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| @LABORATORY FACILITY | 0 | | 0 | \$ | .00 | \$ | .00 | .000 | Ş | .00 | Ş | .00 |
| PATHOLOGY | 0 | | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| XO AND OTHERS | 0 | | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| @ORGANIZED OUTPATIENT CLINIC | 1 | | 1 | \$ | | \$ | 105.40 | .038 | \$ | | \$ | 4.05 |
| CLINIC | 1 | | 1 | | 105.40 | | 105.40 | .038 | | 105.40 | | 4.05 |
| SURGICENTER | 0 | | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| HEROIN DETOX CLINIC | 0 | | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| RURAL HEALTH CLINIC | 0 | | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| #CALIF DEPT OF HEALTH SERV | MEDI-CAL SERVIC | ES AND EXI | PENDITU | RES MO | NTH-OF-PAYMENT RI | EPORT | FOR JAN 2 | 2004 THRU | DEC | 2004 | PA | GE 1,004 |
| MOP024 | FEE-FOR-SERVICE | /DENTAL | | | | | | | | | | 03/14/05 |
| BUTTE COUNTY | SUMMARY OF SERV | ICES FOR | TITLE | II DIS | SREGARD - BLIND | AII | CODES 26 | 6A | | | | |
| | | | | | | | | M | ONT | HLY AVERA | GE - | |
| 26 ELIGIBLES | USERS | UNITS OF | SERVIC | E | EXPENDITURES | AVE | ERAGE COST | | | | | COST PER |
| | | OR DAYS | | | | | R UNIT/DAY | | | USER | | LIGIBLE |
| @ALL OTHER PROVIDERS | 11 | 011 21110 | 926 | \$ | 3,562.79 | | | 35.615 | | | | |
| DURABLE MED. EQUIP. | 3 | | 4 | т. | 121.19 | τ | 30.30 | .154 | Τ. | 40.40 | т | 4.66 |
| BLOOD BANK | 0 | | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| HEARING AID DISPENSERS | 0 | | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| | 0 | | 904 | | 3,071.80 | | | | | | | |
| MEDICAL TRANSPORTATION | 0 | | | | • | | 3.40 | 34.769 | | 1535.90 | | 118.15 |
| AMBULANCES/AIR TRANS | | | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| OTHER TRANS | 2 | | 904 | | 3,071.80 | | 3.40 | 34.769 | | 1535.90 | | 118.15 |
| OTHER SERVICES | 0 | | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| ACUPUNCTURE | 0 | | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| ADULT DAY HEALTH CARE CTR | 0 | | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| GENETIC DISEASE TESTING | 0 | | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| IHMC, MODEL-NF, NF, AIDS, MSSP | 1 | | 3 | | 250.00 | | 83.33 | .115 | | 250.00 | | 9.62 |
| OCCUPATIONAL THERAPIST | 0 | | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| OPTICIAN | 0 | | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| PHYSICAL THERAPIST | 0 | | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| PORTABLE X-RAY | 0 | | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| PROSTHETIST/ORTHOTISTS | 0 | | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| PROSTHETICS | 0 | | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| ORTHOTICS | 0 | | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| PSYCHOLOGIST | 0 | | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| SPEECH AND AUDIOLOGY | 0 | | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| HOSPICE SERVICES | 0 | | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| NONINST BIRTHING CENTERS | 0 | | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| LOCAL EDUCATION AGENCIES | 0 | | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| EPSDT SUPPLEMENTAL SERVICE | 0 | | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| | 0 | | 0 | | | | | | | | | |
| RESPIRATORY CARE PRACT. | 0 | | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| PED SUBACUTE REHAB/WEANING | 0 | | | | .00 | | .00 | .000 | | .00 | | .00 |
| ALL OTHER PROVIDERS | 6 | | 15 | | 119.80 | | 7.99 | .577 | | 19.97 | | 4.61 |
| @CALIF. CHILDREN SERVICES* | 0 | | 0 | \$ | .00 | \$ | .00 | .000 | | .00 | | .00 |
| @XOVER EXCLUDING STATE HOSP** | | | 49 | Ş | -, | \$ | 75.79 | 1.885 | Ş | 285.66 | Ş | 142.83 |
| 0* TOTALS IN THESE LINES ARE | | | | | | | | | | | | |
| THE AMOUNTS ARE ALREADY IN | CLUDED IN THE AP | PROPRIATE | DETAIL | LINES | B ABOVE. | | | | | | | |
| ** THESE DATA ARE INCLUDED I | N THE APPROPRIAT | E DETAIL 1 | LINES A | BOVE. | | | | | | | | |
| #CALIF DEPT OF HEALTH SERV | MEDI-CAL SERVIC | ES AND EXI | PENDITU | RES MO | NTH-OF-PAYMENT RI | EPOR1 | FOR JAN 2 | 2004 THRU | DEC | 2004 | PA | GE 1,005 |
| MOP024 | FEE-FOR-SERVICE | /DENTAL | | | | | | | | | | 03/14/05 |
| BUTTE COUNTY | SUMMARY OF SERV | ICES FOR | TITLE | II DIS | GREGARD - DISABLE | D AII | CODES 36 | 66 6C | | | | |
| | | | | | | | | M | ONT | HLY AVERA | GE - | |
| 1,683 ELIGIBLES | USERS | UNITS OF | SERVIC | E | EXPENDITURES | AVE | ERAGE COST | | | | | COST PER |
| , | | OR DAYS | | | | | R UNIT/DAY | | | USER | | LIGIBLE |
| | | | 0 | • | | | | | | | _ | |

| @TOTAL, ALL PROVIDERS | 1,697 | 34,956 | \$ 1,224,534.22 | \$ 35.03 | 20.770 | \$ 721.59 | \$ 727.59 |
|----------------------------|-------|--------|--------------------|-------------|--------|--------------|--------------|
| @PHYSICIANS SERVICES | 256 | 1,178 | \$ 10,540.36 | \$ 8.95 | .700 | \$ 41.17 | \$ 6.26 |
| OUTPATIENT VISITS | 7 | 8 | 279.50 | 34.94 | .005 | 39.93 | .17 |
| OFFICE VISITS | 7 | 8 | 279.50 | 34.94 | .005 | 39.93 | .17 |
| HOME VISITS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| EMERGENCY ROOM | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PREVENTIVE CARE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OB VISITS/COMPRE PERI | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OTHER OUTPATIENT | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| INPATIENT VISITS | 2 | 9 | 480.96 | 53.44 | .005 | 240.48 | .29 |
| HOSPITAL VISITS | 2 | 9 | 480.96 | 53.44 | .005 | 240.48 | .29 |
| CRITICAL CARE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| SNF/ICF/TRANS IP CARE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OPHTHALMOLOGICAL SERVICES | 3 | 3 | 138.44 | 46.15 | .002 | 46.15 | .08 |
| EXAMINATIONS | 3 | 3 | 138.44 | 46.15 | .002 | 46.15 | .08 |
| SERVICES AND MATERIALS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| INPATIENT HOSPITAL SURGERY | 1 | 2 | 123.79 | 61.90 | .001 | 123.79 | .07 |
| PRINCIPAL SURGEON | 1 | 2 | 123.79 | 61.90 | .001 | 123.79 | .07 |
| ASSISTANT SURGEON | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ANESTHESIOLOGIST | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OUTPATIENT SURGERY | 4 | 33 | 896.57 | 27.17 | .020 | 224.14 | .53 |
| PRINCIPAL SURGEON | 2 | 3 | 503.72 | 167.91 | .002 | 251.86 | .30 |
| ASSISTANT SURGEON | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ANESTHESIOLOGIST | 2 | 30 | 392.85 | 13.10 | .018 | 196.43 | .23 |
| DIALYSIS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PATHOLOGY | 1 | 1 | 8.08 | 8.08 | .001 | 8.08 | .00 |
| RADIOLOGY | 8 | 25 | 1,151.13 | 46.05 | .015 | 143.89 | .68 |
| PSYCHIATRY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| IMMUNIZATION AND INJECTION | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OTHER SERVICES/ALL X-OVERS | 237 | 1,097 | 7,461.89 | 6.80 | .652 | 31.48 | 4.43 |
| @PHARMACY | 1,484 | 18,983 | \$ 959,309.96 | \$ 50.54 | 11.279 | \$ 646.44 | \$ 570.00 |
| PRESCRIPTION DRUGS | 1,460 | 7,811 | 925,390.38 | 118.47 | 4.641 | 633.83 | 549.85 |

| SNF/ICF OUTPATIENTS | 14 1,449 | 123 7,688 | 17,236.69 908,153.69 | 140.14 118.13 | .073 4.568 | 1231.19 626.75 | 10.24 539.60 |
|-----------------------------------|---|--------------|-------------------------|------------------|---------------|-------------------|------------------------|
| MEDICAL SUPPLIES | 169 | 11,172 | 33,919.58 | 3.04 | 6.638 | 200.71 | 20.15 |
| @DENTIST | 71 | 309 \$ | 15,575.00 | \$ 50.40 | .184 | \$ 219.37 | \$ 9.25 |
| VISITS - DIAGNOSTIC | 44 | 170 | 2,158.00 | 12.69 | .101 | 49.05 | 1.28 |
| ORAL SURGERY | 8 | 37 | 1,937.00 | 52.35 | .022 | 242.13 | 1.15 |
| DRUGS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ANESTHESIA | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PERIODONTICS | 9 | 8 | 881.00 | 110.13 | .005 | 97.89 | .52 |
| ENDODONTICS | 5 | 8 | 1,925.00 | 240.63 | .005 | 385.00 | 1.14 |
| RESTORATIVE DENTISTRY | 19 | 54 | 3,464.00 | 64.15 | .032 | 182.32 | 2.06 |
| PROSTHETICS | 2 | 2 | 30.00 | 15.00 | .001 | 15.00 | .02 |
| DENTURES, STAYPLATES | 13 | 21 | 5,180.00 | 246.67 | .012 | 398.46 | 3.08 |
| SPACE MAINTAINERS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| MAXILLOFACIAL SERVICES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| FRACTURES, DISLOCATIONS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ORTHODONTIC SERVICES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER SERVICES | 5 | 9 | .00 | .00 | .005 | .00 | .00 |
| #CALIF DEPT OF HEALTH SERV MOP024 | MEDI-CAL SERVICES AND FEE-FOR-SERVICE/DENTA | | MONTH-OF-PAYMENT F | REPORT FOR JAN | 2004 THRU | DEC 2004 | PAGE 1,006 03/14/05 |

BUTTE COUNTY SUMMARY OF SERVICES FOR TITLE II DISREGARD - DISABLED AID CODES 36 66 6C

| BUTTE COUNTY | SUMMARY OF SER | VICES FOR TITLE I | דת ד. | SKEGARD - DISABLE | D AI | D CODES 30 | | | | | |
|------------------------------|----------------|-------------------|-------|-------------------|------|------------|-----------|----|------------|----|----------|
| | | | | | | | | | THLY AVERA | GE | |
| 1,683 ELIGIBLES | USERS | UNITS OF SERVICE |] | EXPENDITURES | AV | ERAGE COST | UNITS/DAY | S | COST PER | | COST PER |
| | | OR DAYS OF CARE | 1 | | PΕ | R UNIT/DAY | PER ELIG | | USER | | ELIGIBLE |
| @OPTOMETRIST | 55 | 142 | \$ | 2,535.92 | \$ | 17.86 | .084 | \$ | 46.11 | \$ | 1.51 |
| DIAGNOSTIC AND ANC. PROCED | 8 | 8 | | 371.59 | | 46.45 | .005 | | 46.45 | | .22 |
| EYE APPLIANCES | 47 | 122 | | 1,934.30 | | 15.85 | .072 | | 41.16 | | 1.15 |
| OTHER OPTOMETRIC SERVICES | 8 | 12 | | 230.03 | | 19.17 | .007 | | 28.75 | | .14 |
| @CHIROPRACTOR | 1 | 1 | \$ | 16.72 | \$ | 16.72 | .001 | \$ | 16.72 | \$ | .01 |
| VISITS | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| OTHER SERVICES | 1 | 1 | | 16.72 | | 16.72 | .001 | | 16.72 | | .01 |
| @PODIATRIST | 14 | 29 | \$ | 261.76 | \$ | 9.03 | .017 | \$ | 18.70 | \$ | .16 |
| MEDICINE/INJECTIONS | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| SURGERY/ANES. | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| RADIO./PATHOLOGY | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| OTHER | 14 | 29 | | 261.76 | | 9.03 | .017 | | 18.70 | | .16 |
| @HOME HEALTH AGENCY | 0 | 0 | \$ | .00 | \$ | .00 | .000 | \$ | .00 | \$ | .00 |
| NURSE ANESTHESIST | 0 | 0 | \$ | .00 | \$ | .00 | .000 | \$ | .00 | \$ | .00 |
| NURSE MIDWIFE | 0 | 0 | \$ | .00 | \$ | .00 | .000 | \$ | .00 | \$ | .00 |
| PEDIATRIC NURSE PRACTITIONER | 0 | 0 | \$ | .00 | \$ | .00 | .000 | \$ | .00 | \$ | .00 |
| FAMILY NURSE PRACTITIONER | 0 | 0 | \$ | .00 | \$ | .00 | .000 | \$ | .00 | \$ | .00 |
| @TOTAL HOSPITAL | 285 | 891 | \$ | 54,233.73 | \$ | 60.87 | .529 | \$ | 190.29 | \$ | 32.22 |
| HOSP INPATIENT TOTAL | 19 | 11 | | 34,672.26 | | 3152.02 | .007 | | 1824.86 | | 20.60 |
| HSC HOSPITALS | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| NON-HSC HOSPITAL TOTAL | 1 | 11 | | 20,761.08 | | 1887.37 | .007 | | 20761.08 | | 12.34 |
| ACCOMMODATIONS | 1 | 11 | | 6,633.76 | | 603.07 | .007 | | 6633.76 | | 3.94 |
| ADMINISTRATIVE DAYS | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| TRANSITIONAL IP CARE | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| ALL OTHER ACCOM | 1 | 11 | | 6,633.76 | | 603.07 | .007 | | 6633.76 | | 3.94 |
| ANCILLARIES | 1 | 0 | | 14,127.32 | | .00 | .000 | | 14127.32 | | 8.39 |
| INPATIENT CROSSOVERS | 18 | 0 | | 13,911.18 | | .00 | .000 | | 772.84 | | 8.27 |
| ALL OTHER INPATIENT | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| HOSP OUTPATIENT TOTAL | 276 | 880 | | 19,561.47 | | 22.23 | .523 | | 70.87 | | 11.62 |
| MEDICAL | 17 | 29 | | 1,893.64 | | 65.30 | .017 | | 111.39 | | 1.13 |
| SURGERY | 2 | 2 | | 86.90 | | 43.45 | .001 | | 43.45 | | .05 |
| PATHOLOGY | 19 | 48 | | 711.43 | | 14.82 | .029 | | 37.44 | | .42 |

| RADIOLOGY | 5 | 9 | | 1,464.27 | | 162.70 | .005 | 292.85 | | .87 |
|-----------------------------|--------------------------|-----------|---------------|------------|-------|-----------|-----------|----------|------|---------|
| ROOM USE | 14 | 21 | | 985.31 | | 46.92 | .012 | 70.38 | | .59 |
| CROSSOVERS/ALL OTH OUTPINT | 252 | 771 | 1 | 4,419.92 | | 18.70 | .458 | 57.22 | | 8.57 |
| @COUNTY HOSPITAL TOTAL | 0 | 0 | \$ | .00 | \$ | .00 | .000 | \$.00 | \$ | .00 |
| CO HOSPITAL INPATIENT TOTAL | 0 | 0 | | .00 | | .00 | .000 | .00 | | .00 |
| HSC HOSPITALS | 0 | 0 | | .00 | | .00 | .000 | .00 | | .00 |
| NON-HSC HOSPITALS TOTAL | 0 | 0 | | .00 | | .00 | .000 | .00 | | .00 |
| ACCOMMODATIONS | 0 | 0 | | .00 | | .00 | .000 | .00 | | .00 |
| ADMINISTRATIVE DAYS | 0 | 0 | | .00 | | .00 | .000 | .00 | | .00 |
| TRANSITIONAL IP CARE | 0 | 0 | | .00 | | .00 | .000 | .00 | | .00 |
| ALL OTHER ACCOM | 0 | 0 | | .00 | | .00 | .000 | .00 | | .00 |
| ANCILLARIES | 0 | 0 | | .00 | | .00 | .000 | .00 | | .00 |
| INPATIENT CROSSOVERS | 0 | 0 | | .00 | | .00 | .000 | .00 | | .00 |
| ALL OTHER INPATIENT | 0 | 0 | | .00 | | .00 | .000 | .00 | | .00 |
| CO HOSP OUTPATIENT TOTAL | 0 | 0 | | .00 | | .00 | .000 | .00 | | .00 |
| MEDICAL | 0 | 0 | | .00 | | .00 | .000 | .00 | | .00 |
| SURGERY | 0 | 0 | | .00 | | .00 | .000 | .00 | | .00 |
| PATHOLOGY | 0 | 0 | | .00 | | .00 | .000 | .00 | | .00 |
| RADIOLOGY | 0 | 0 | | .00 | | .00 | .000 | .00 | | .00 |
| ROOM USE | 0 | 0 | | .00 | | .00 | .000 | .00 | | .00 |
| CROSSOVERS/ALL OTH OUTPINT | 0 | 0 | | .00 | | .00 | .000 | .00 | | .00 |
| #CALIF DEPT OF HEALTH SERV | MEDI-CAL SERVICES AND EX | KPENDITUR | ES MONTH-OF-1 | PAYMENT RE | EPORT | FOR JAN 2 | 2004 THRU | DEC 2004 | PAGE | 1,007 |
| MOP024 | FEE-FOR-SERVICE/DENTAL | | | | | | | | 0 | 3/14/05 |
| BUTTE COUNTY | SUMMARY OF SERVICES FOR | TITLE I | I DISREGARD - | - DISABLEI | O AID | CODES 36 | 66 6C | | | |

| BUILE COUNTI | SUMMARI OF SER | VICES FOR IIILE | TT DIS | KEGAKD - DISABLEI | D AID CODES 36 | | | | |
|-----------------------------|----------------|-----------------|--------|--------------------|----------------|------|--------------|-----|----------|
| | | | | | | MO | ONTHLY AVERA | AGE | |
| 1,683 ELIGIBLES | USERS | UNITS OF SERVIC | | EXPENDITURES | AVERAGE COST | | S COST PER | | COST PER |
| | | OR DAYS OF CAR | E | | PER UNIT/DAY | | USER | | ELIGIBLE |
| @COMMUNITY HOSPITAL TOTAL | 285 | 891 | \$ | 54,233.73 | \$ 60.87 | .529 | \$ 190.29 | \$ | 32.22 |
| COMM HOSP INPATIENT TOTAL | 19 | 11 | | 34 , 672.26 | 3152.02 | .007 | 1824.86 | | 20.60 |
| HSC HOSPITALS | 0 | 0 | | .00 | .00 | .000 | .00 | | .00 |
| NON-HSC HOSPITALS TOTAL | 1 | 11 | | 20,761.08 | 1887.37 | .007 | 20761.08 | | 12.34 |
| ACCOMMODATIONS | 1 | 11 | | 6,633.76 | 603.07 | | 6633.76 | | 3.94 |
| ADMINISTRATIVE DAYS | 0 | 0 | | .00 | .00 | .000 | .00 | | .00 |
| TRANSITIONAL IP CARE | 0 | 0 | | .00 | .00 | .000 | .00 | | .00 |
| ALL OTHER ACCOM | 1 | 11 | | | 603.07 | .007 | 6633.76 | | 3.94 |
| ANCILLARIES | 1 | 0 | | 14,127.32 | .00 | .000 | 14127.32 | | 8.39 |
| INPATIENT CROSSOVERS | 18 | 0 | | 13,911.18 | .00 | .000 | 772.84 | | 8.27 |
| ALL OTHER INPATIENT | 0 | 0 | | .00 | .00 | .000 | .00 | | .00 |
| COMM HOSP OUTPATIENT TOTAL | 276 | 880 | | 13/001.1 | 22.23 | | 70.87 | | 11.62 |
| MEDICAL | 17 | 29 | | 1,893.64 | 65.30 | .017 | 111.39 | | 1.13 |
| SURGERY | 2 | 2 | | 86.90 | 43.45 | .001 | 43.45 | | .05 |
| PATHOLOGY | 19 | 48 | | 711.43 | 14.82 | .029 | 37.44 | | .42 |
| RADIOLOGY | 5 | 9 | | 1,464.27 | 162.70 | .005 | 292.85 | | .87 |
| ROOM USE | 14 | 21 | | 985.31 | 46.92 | .012 | 70.38 | | .59 |
| CROSSOVERS/ALL OTH OUTPTNT | 252 | 771 | | 14,419.92 | 18.70 | .458 | 57.22 | | 8.57 |
| @STATE HOSPITAL | 0 | 0 | \$ | .00 | \$.00 | .000 | • | | .00 |
| MENTALLY ILL | 0 | 0 | | .00 | .00 | .000 | .00 | | .00 |
| DEVELOP. DISABLED | 0 | 0 | | .00 | .00 | .000 | .00 | | .00 |
| @NURSING FACILITY | 5 | 144 | \$ | 18 , 527.71 | \$ 128.66 | | \$ 3705.54 | | 11.01 |
| LEV A-INTERMEDIATE | 0 | 0 | | .00 | .00 | .000 | .00 | | .00 |
| LEV B-REHAB MD | 0 | 0 | | .00 | .00 | .000 | .00 | | .00 |
| LEV B-SUBACUTE FREESTANDING | 0 | 0 | | .00 | .00 | .000 | .00 | | .00 |
| LEV B-SUBACUTE HSPTL BASED | 0 | 0 | | .00 | .00 | .000 | .00 | | .00 |
| LEV B-TRANSITIONAL IP CARE | 0 | 0 | | .00 | .00 | .000 | .00 | | .00 |
| LEV B-REGULAR | 5 | 144 | | • | 128.66 | .086 | 3705.54 | | 11.01 |
| @INTERMEDIATE CARE FACILDD | 6 | 166 | \$ | 36 , 219.78 | \$ 218.19 | .099 | \$ 6036.63 | \$ | 21.52 |

| ICF DDH | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
|------------------------------|------------------------|-----------|------|----------------------|-------|----------|-----------|-----|---------|----|-----------|
| ICF DD | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| ICF DDN/DDCN | 6 | 166 | | 36,219.78 | | 218.19 | .099 | | 6036.63 | | 21.52 |
| @HEMODIALYSIS TOTAL | 0 | 0 | \$ | .00 | \$ | .00 | .000 | \$ | .00 | \$ | .00 |
| HOSPITAL BASED | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| HEMODIALYSIS CENTER | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| @REHABILITATION FACILITY | 0 | 0 | \$ | .00 | \$ | .00 | .000 | \$ | .00 | \$ | .00 |
| HOSPITAL BASED | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| INDEPENDENT FACILITY | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| @LABORATORY FACILITY | 13 | 27 | \$ | 2,763.91 | \$ | 102.37 | .016 | \$ | 212.61 | \$ | 1.64 |
| PATHOLOGY | 4 | 4 | | 91.78 | | 22.95 | .002 | | 22.95 | | .05 |
| XO AND OTHERS | 9 | 23 | | 2,672.13 | | 116.18 | .014 | | 296.90 | | 1.59 |
| @ORGANIZED OUTPATIENT CLINIC | 392 | 772 | \$ | 36,443.62 | \$ | 47.21 | .459 | \$ | 92.97 | \$ | 21.65 |
| CLINIC | 12 | 15 | | 1,004.85 | | 66.99 | .009 | | 83.74 | | .60 |
| SURGICENTER | 1 | 1 | | 198.92 | | 198.92 | .001 | | 198.92 | | .12 |
| HEROIN DETOX CLINIC | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| RURAL HEALTH CLINIC | 380 | 756 | | 35,239.85 | | 46.61 | .449 | | 92.74 | | 20.94 |
| #CALIF DEPT OF HEALTH SERV | MEDI-CAL SERVICES AND | EXPENDITU | JRES | MONTH-OF-PAYMENT RE | EPORT | FOR JAN | 2004 THRU | DEC | 2004 | P | AGE 1,008 |
| MOP024 | FEE-FOR-SERVICE/DENTAL | | | | | | | | | | 03/14/05 |
| BUTTE COUNTY | SUMMARY OF SERVICES FO | R TITLE | II I | DISREGARD - DISABLEI | D AID | CODES 36 | 66 6C | | | | |

----- MONTHLY AVERAGE -----EXPENDITURES 1,683 ELIGIBLES USERS UNITS OF SERVICE AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE 276 88,105.75 \$ 7.15 319.22 \$ @ALL OTHER PROVIDERS 12,314 7.317 \$ 52.35 DURABLE MED. EQUIP. 4 11 6,024.35 547.67 .007 1506.09 4 0 9 53 BLOOD BANK 0 .00 .00 .000 .00 .00 1,306.01 130.60 145.11 HEARING AID DISPENSERS 10 .006 .78 3.68 1,380 5,074.47 95.74 MEDICAL TRANSPORTATION .820 3.02 8 AMBULANCES/AIR TRANS 44 1,015.44 23.08 .026 126.93 .60 45 OTHER TRANS 1,336 4,059.03 3.04 .00 .794 90.20 2.41 OTHER SERVICES .00 .000 .00 .00 ACUPUNCTURE 0 .00 .000 .00 .00 ADULT DAY HEALTH CARE CTR .000 .00 .00 0 GENETIC DISEASE TESTING .00 .000 .00 .00 1,981 59,356.65 29.96 1.177 3709.79 IHMC, MODEL-NF, NF, AIDS, MSSP 35.27 OCCUPATIONAL THERAPIST .00 .00 .000 .00 .00 23.02 OPTICIAN 45 106 1,035.96 9.77 .063 .62 .00 .00 PHYSICAL THERAPIST .00 .000 .00 .00 .00 PORTABLE X-RAY .000 .00 .00 .00 PROSTHETIST/ORTHOTISTS .00 .000 .00 .00 .00 .00 PROSTHETICS .000 .00 .00 .00 ORTHOTICS .000 .00 .00 .00 PSYCHOLOGIST 0 .000 .00 .00 1,393.84 36.68 126.71 SPEECH AND AUDIOLOGY .023 .00 HOSPICE SERVICES .00 .00 .000 .00 NONINST BIRTHING CENTERS 0 .00 .00 .00 .000 .00 143.11 10.22 LOCAL EDUCATION AGENCIES .008 71.56 EPSDT SUPPLEMENTAL SERVICE .00 .00 .00 .000 .00 0 .00 .00 RESPIRATORY CARE PRACT. .000 .00 .00 PED SUBACUTE REHAB/WEANING .00 .00 .00 .000 .00 8,774 13,771.36 ALL OTHER PROVIDERS 1.57 5.213 78.25 8.18 @CALIF. CHILDREN SERVICES* .00 Ω 0 .00 \$.000 \$.00 \$.00 @XOVER EXCLUDING STATE HOSP** 559 5,297 75,092.98 134.33 \$ 14.18 3.147 \$ 44.62

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

MOP024

ALL OTHER SERVICES

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 1,009

03/14/05

FEE-FOR-SERVICE/DENTAL

0

0

.00 .00 .00 .00

BUTTE COUNTY SUMMARY OF SERVICES FOR TITLE II DISREGARD - FAMILIES DISCONTINUED

| | SUMMARY OF SERV | TCES FOR | TITIE I | בות ד | REGARD - FAMILIES | DISCONTIN | | | | |
|----------------------------|-----------------|----------|---------|-------|-------------------|--------------|------|-------------|-----|----------|
| | | | | | | | | NTHLY AVERA | AGE | |
| 00 ELIGIBLES | USERS | UNITS OF | | | EXPENDITURES | AVERAGE COST | | | | COST PER |
| | | OR DAYS | OF CARE | | | PER UNIT/DAY | | USER | _ | ELIGIBLE |
| @TOTAL, ALL PROVIDERS | 0 | | 0 | \$ | .00 | \$.00 | | \$.00 | \$ | .00 |
| @PHYSICIANS SERVICES | 0 | | 0 | \$ | .00 | \$.00 | | \$.00 | \$ | .00 |
| OUTPATIENT VISITS | 0 | | 0 | | .00 | .00 | .000 | .00 | | .00 |
| OFFICE VISITS | 0 | | 0 | | .00 | .00 | .000 | .00 | | .00 |
| HOME VISITS | 0 | | 0 | | .00 | .00 | .000 | .00 | | .00 |
| EMERGENCY ROOM | 0 | | 0 | | .00 | .00 | .000 | .00 | | .00 |
| PREVENTIVE CARE | 0 | | 0 | | .00 | .00 | .000 | .00 | | .00 |
| OB VISITS/COMPRE PERI | 0 | | 0 | | .00 | .00 | .000 | .00 | | .00 |
| OTHER OUTPATIENT | 0 | | 0 | | .00 | .00 | .000 | .00 | | .00 |
| INPATIENT VISITS | 0 | | 0 | | .00 | .00 | .000 | .00 | | .00 |
| HOSPITAL VISITS | 0 | | 0 | | .00 | .00 | .000 | .00 | | .00 |
| CRITICAL CARE | 0 | | 0 | | .00 | .00 | .000 | .00 | | .00 |
| SNF/ICF/TRANS IP CARE | 0 | | 0 | | .00 | .00 | .000 | .00 | | .00 |
| OPHTHALMOLOGICAL SERVICES | 0 | | 0 | | .00 | .00 | .000 | .00 | | .00 |
| EXAMINATIONS | 0 | | 0 | | .00 | .00 | .000 | .00 | | .00 |
| SERVICES AND MATERIALS | 0 | | 0 | | .00 | .00 | .000 | .00 | | .00 |
| INPATIENT HOSPITAL SURGERY | 0 | | 0 | | .00 | .00 | .000 | .00 | | .00 |
| PRINCIPAL SURGEON | 0 | | 0 | | .00 | .00 | .000 | .00 | | .00 |
| ASSISTANT SURGEON | 0 | | 0 | | .00 | .00 | .000 | .00 | | .00 |
| ANESTHESIOLOGIST | 0 | | 0 | | .00 | .00 | .000 | .00 | | .00 |
| OUTPATIENT SURGERY | 0 | | 0 | | .00 | .00 | .000 | .00 | | .00 |
| PRINCIPAL SURGEON | 0 | | 0 | | .00 | .00 | .000 | .00 | | .00 |
| ASSISTANT SURGEON | 0 | | 0 | | .00 | .00 | .000 | .00 | | .00 |
| ANESTHESIOLOGIST | 0 | | 0 | | .00 | .00 | .000 | .00 | | .00 |
| DIALYSIS | 0 | | 0 | | .00 | .00 | .000 | .00 | | .00 |
| PATHOLOGY | 0 | | 0 | | .00 | .00 | .000 | .00 | | .00 |
| RADIOLOGY | 0 | | 0 | | .00 | .00 | .000 | .00 | | .00 |
| PSYCHIATRY | 0 | | 0 | | .00 | .00 | .000 | .00 | | .00 |
| IMMUNIZATION AND INJECTION | 0 | | 0 | | .00 | .00 | .000 | .00 | | .00 |
| OTHER SERVICES/ALL X-OVERS | Ö | | Ö | | .00 | .00 | .000 | .00 | | .00 |
| @PHARMACY | 0 | | 0 | \$ | .00 | \$.00 | | \$.00 | \$ | .00 |
| PRESCRIPTION DRUGS | 0 | | 0 | 7 | .00 | .00 | .000 | .00 | т. | .00 |
| SNF/ICF | 0 | | 0 | | .00 | .00 | .000 | .00 | | .00 |
| OUTPATIENTS | 0 | | 0 | | .00 | .00 | .000 | .00 | | .00 |
| MEDICAL SUPPLIES | 0 | | 0 | | .00 | .00 | .000 | .00 | | .00 |
| @DENTIST | 0 | | 0 | \$ | .00 | \$.00 | | \$.00 | Ś | .00 |
| VISITS - DIAGNOSTIC | 0 | | 0 | ۲ | .00 | .00 | .000 | .00 | ۲ | .00 |
| ORAL SURGERY | 0 | | 0 | | .00 | .00 | .000 | .00 | | .00 |
| DRUGS | 0 | | 0 | | .00 | .00 | .000 | .00 | | .00 |
| ANESTHESIA | 0 | | 0 | | .00 | .00 | .000 | .00 | | .00 |
| | 0 | | 0 | | .00 | .00 | | .00 | | .00 |
| PERIODONTICS | | | 0 | | | | .000 | | | |
| ENDODONTICS | 0 | | • | | .00 | .00 | .000 | .00 | | .00 |
| RESTORATIVE DENTISTRY | 0 | | 0 | | .00 | .00 | .000 | .00 | | .00 |
| PROSTHETICS | 0 | | 0 | | .00 | .00 | .000 | .00 | | .00 |
| DENTURES, STAYPLATES | 0 | | 0 | | .00 | .00 | .000 | .00 | | .00 |
| SPACE MAINTAINERS | Ü | | 0 | | .00 | .00 | .000 | .00 | | .00 |
| MAXILLOFACIAL SERVICES | 0 | | 0 | | .00 | .00 | .000 | .00 | | .00 |
| FRACTURES, DISLOCATIONS | 0 | | 0 | | .00 | .00 | .000 | .00 | | .00 |
| ORTHODONTIC SERVICES | 0 | | 0 | | .00 | .00 | .000 | .00 | | .00 |

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 1,010 MOP024 FEE-FOR-SERVICE/DENTAL

BUTTE COUNTY

SUMMARY OF SERVICES FOR TITLE II DISREGARD - FAMILIES DISCONTINUED

03/14/05

| BUTTE COUNTY | SUMMARY OF SER | VICES FOR TITLE 1 | TT DT | SREGARD - FAMILIES | | DISCONTINU | JED | | | | |
|------------------------------|----------------|-------------------|-------|--------------------|-----|------------|------------|-----|-----------|----|----------|
| | | | | | | | MC | TNC | HLY AVERA | GΕ | |
| 00 ELIGIBLES | USERS | UNITS OF SERVICE | C | EXPENDITURES | AVE | RAGE COST | UNITS/DAYS | 3 | COST PER | | COST PER |
| | | OR DAYS OF CARE | C | | PER | R UNIT/DAY | PER ELIG | | USER | | ELIGIBLE |
| @OPTOMETRIST | 0 | 0 | \$ | .00 | \$ | .00 | .000 | \$ | .00 | \$ | .00 |
| DIAGNOSTIC AND ANC. PROCED | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| EYE APPLIANCES | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| OTHER OPTOMETRIC SERVICES | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| @CHIROPRACTOR | 0 | 0 | \$ | .00 | \$ | .00 | .000 | \$ | .00 | \$ | .00 |
| VISITS | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| OTHER SERVICES | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| @PODIATRIST | 0 | 0 | \$ | .00 | \$ | .00 | .000 | \$ | .00 | \$ | .00 |
| MEDICINE/INJECTIONS | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| SURGERY/ANES. | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| RADIO./PATHOLOGY | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| OTHER | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| @HOME HEALTH AGENCY | 0 | 0 | \$ | .00 | \$ | .00 | | \$ | .00 | \$ | .00 |
| NURSE ANESTHESIST | 0 | 0 | \$ | .00 | \$ | .00 | .000 | \$ | .00 | \$ | .00 |
| NURSE MIDWIFE | 0 | 0 | \$ | .00 | \$ | .00 | .000 | \$ | .00 | \$ | .00 |
| PEDIATRIC NURSE PRACTITIONER | 0 | 0 | \$ | .00 | \$ | .00 | .000 | \$ | .00 | \$ | .00 |
| FAMILY NURSE PRACTITIONER | 0 | 0 | \$ | .00 | \$ | .00 | .000 | \$ | .00 | \$ | .00 |
| @TOTAL HOSPITAL | 0 | 0 | \$ | .00 | \$ | .00 | .000 | \$ | .00 | \$ | .00 |
| HOSP INPATIENT TOTAL | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| HSC HOSPITALS | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| NON-HSC HOSPITAL TOTAL | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| ACCOMMODATIONS | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| ADMINISTRATIVE DAYS | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| TRANSITIONAL IP CARE | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| ALL OTHER ACCOM | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| ANCILLARIES | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |

| INPATIENT CROSSOVERS | 0 | 0 | | .00 | .00 | .000 | .00 | | .00 |
|--|---|--|--------------|---|---|--|---|--------------------------|--|
| ALL OTHER INPATIENT | 0 | 0 | | .00 | .00 | .000 | .00 | | .00 |
| HOSP OUTPATIENT TOTAL | 0 | 0 | | .00 | .00 | .000 | .00 | | .00 |
| MEDICAL | 0 | 0 | | .00 | .00 | .000 | .00 | | .00 |
| SURGERY | 0 | 0 | | .00 | .00 | .000 | .00 | | .00 |
| PATHOLOGY | 0 | 0 | | .00 | .00 | .000 | .00 | | .00 |
| RADIOLOGY | 0 | 0 | | .00 | .00 | .000 | .00 | | .00 |
| ROOM USE | 0 | 0 | | .00 | .00 | .000 | .00 | | .00 |
| CROSSOVERS/ALL OTH OUTPTNT | 0 | 0 | | .00 | .00 | .000 | .00 | | .00 |
| @COUNTY HOSPITAL TOTAL | 0 | 0 : | \$ | .00 | \$.00 | .000 | \$.00 | \$ | .00 |
| CO HOSPITAL INPATIENT TOTAL | 0 | 0 | | .00 | .00 | .000 | .00 | | .00 |
| HSC HOSPITALS | 0 | 0 | | .00 | .00 | .000 | .00 | | .00 |
| NON-HSC HOSPITALS TOTAL | 0 | 0 | | .00 | .00 | .000 | .00 | | .00 |
| ACCOMMODATIONS | 0 | 0 | | .00 | .00 | .000 | .00 | | .00 |
| ADMINISTRATIVE DAYS | 0 | 0 | | .00 | .00 | .000 | .00 | | .00 |
| TRANSITIONAL IP CARE | 0 | 0 | | .00 | .00 | .000 | .00 | | .00 |
| ALL OTHER ACCOM | 0 | 0 | | .00 | .00 | .000 | .00 | | .00 |
| ANCILLARIES | 0 | 0 | | .00 | .00 | .000 | .00 | | .00 |
| INPATIENT CROSSOVERS | 0 | 0 | | .00 | .00 | .000 | .00 | | .00 |
| ALL OTHER INPATIENT | 0 | 0 | | .00 | .00 | .000 | .00 | | .00 |
| CO HOSP OUTPATIENT TOTAL | 0 | 0 | | .00 | .00 | .000 | .00 | | .00 |
| MEDICAL | 0 | 0 | | .00 | .00 | .000 | .00 | | .00 |
| SURGERY | 0 | 0 | | .00 | .00 | .000 | .00 | | .00 |
| PATHOLOGY | 0 | 0 | | .00 | .00 | .000 | .00 | | .00 |
| RADIOLOGY | 0 | 0 | | .00 | .00 | .000 | .00 | | .00 |
| ROOM USE | 0 | 0 | | .00 | .00 | .000 | .00 | | .00 |
| CROSSOVERS/ALL OTH OUTPTNT | 0 | 0 | | .00 | .00 | .000 | .00 | | .00 |
| #CALIF DEPT OF HEALTH SERV | | ES AND EXPENDITURES | S MONTH- | | | | | PAGE | 1,011 |
| | | | | | | | | | |
| MOP024 | FEE-FOR-SERVICE | | | | | | | | |
| MOP024 BUTTE COUNTY | FEE-FOR-SERVICE SUMMARY OF SERV | | | | DISCONTIN | IUED | | | /14/05 |
| BUTTE COUNTY | SUMMARY OF SERV | /DENTAL ICES FOR TITLE II | DISREGA | RD - FAMILIES | | MO | NTHLY AVERA | 03 .GE | /14/05 |
| | | /DENTAL ICES FOR TITLE II UNITS OF SERVICE | DISREGA | | AVERAGE COST | MO UNITS/DAYS | COST PER | 03 GE COST | /14/05 PER |
| BUTTE COUNTY 00 ELIGIBLES | SUMMARY OF SERV USERS | /DENTAL ICES FOR TITLE II UNITS OF SERVICE OR DAYS OF CARE | DISREGA | RD - FAMILIES | AVERAGE COST PER UNIT/DAY | MO UNITS/DAYS PER ELIG | COST PER USER | 03 GE COST ELIG | /14/05 PER IBLE |
| BUTTE COUNTY 00 ELIGIBLES @COMMUNITY HOSPITAL TOTAL | SUMMARY OF SERV USERS 0 | /DENTAL ICES FOR TITLE II UNITS OF SERVICE OR DAYS OF CARE 0 : | DISREGA | RD - FAMILIES EXPENDITURES | AVERAGE COST PER UNIT/DAY \$.00 | MO UNITS/DAYS PER ELIG | COST PER USER \$.00 | 03 GE COST ELIG | /14/05 PER IBLE .00 |
| BUTTE COUNTY 00 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL | SUMMARY OF SERV USERS | /DENTAL ICES FOR TITLE II UNITS OF SERVICE OR DAYS OF CARE | DISREGA | RD - FAMILIES EXPENDITURES .00 .00 | AVERAGE COST PER UNIT/DAY \$.00 .00 | MO UNITS/DAYS PER ELIG .000 | COST PER USER \$.00 .00 | 03 GE COST ELIG | /14/05 PER IBLE .00 .00 |
| BUTTE COUNTY 00 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS | SUMMARY OF SERV USERS 0 | /DENTAL ICES FOR TITLE II UNITS OF SERVICE OR DAYS OF CARE 0 : | DISREGA | RD - FAMILIES EXPENDITURES .00 .00 .00 | AVERAGE COST PER UNIT/DAY \$.00 .00 .00 | MO UNITS/DAYS PER ELIG .000 .000 | COST PER USER \$.00 .00 .00 | 03 GE COST ELIG | /14/05 PER IBLE .00 .00 |
| BUTTE COUNTY 00 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL | SUMMARY OF SERV USERS 0 | /DENTAL ICES FOR TITLE II UNITS OF SERVICE OR DAYS OF CARE 0 : | DISREGA | RD - FAMILIES EXPENDITURES .00 .00 .00 .00 .00 | AVERAGE COST PER UNIT/DAY \$.00 .00 .00 | MO UNITS/DAYS PER ELIG .000 .000 .000 | COST PER USER \$.00 .00 .00 .00 | 03 GE COST ELIG | /14/05 PER IBLE .00 .00 .00 .00 |
| BUTTE COUNTY 00 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS | SUMMARY OF SERV USERS 0 | /DENTAL ICES FOR TITLE II UNITS OF SERVICE OR DAYS OF CARE 0 : | DISREGA | RD - FAMILIES EXPENDITURES .00 .00 .00 .00 .00 .00 | AVERAGE COST PER UNIT/DAY \$.00 .00 .00 .00 | MO UNITS/DAYS PER ELIG .000 .000 .000 .000 | COST PER USER \$.00 .00 .00 .00 .00 | 03 GE COST ELIG | /14/05 PER IBLE .00 .00 .00 .00 |
| BUTTE COUNTY 00 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS | SUMMARY OF SERV USERS 0 | /DENTAL ICES FOR TITLE II UNITS OF SERVICE OR DAYS OF CARE 0 : | DISREGA | RD - FAMILIES EXPENDITURES .00 .00 .00 .00 .00 .00 .00 | AVERAGE COST PER UNIT/DAY \$.00 .00 .00 .00 .00 | MO UNITS/DAYS PER ELIG .000 .000 .000 .000 .000 | COST PER USER \$.00 .00 .00 .00 .00 .00 | 03 GE COST ELIG | /14/05 PER IBLE .00 .00 .00 .00 .00 |
| BUTTE COUNTY 00 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE | SUMMARY OF SERV USERS 0 | /DENTAL ICES FOR TITLE II UNITS OF SERVICE OR DAYS OF CARE 0 : | DISREGA | EXPENDITURES .00 .00 .00 .00 .00 .00 .00 .00 .00 | AVERAGE COST PER UNIT/DAY \$.00 .00 .00 .00 .00 .00 | MO UNITS/DAYS PER ELIG .000 .000 .000 .000 .000 .000 | COST PER USER \$.00 .00 .00 .00 .00 .00 .00 | 03 GE COST ELIG | /14/05 PER IBLE .00 .00 .00 .00 .00 .00 |
| BUTTE COUNTY 00 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM | SUMMARY OF SERV USERS 0 | /DENTAL ICES FOR TITLE II UNITS OF SERVICE OR DAYS OF CARE 0 : | DISREGA | .RD - FAMILIES .XPENDITURES .00 .00 .00 .00 .00 .00 .00 .00 .00 | AVERAGE COST PER UNIT/DAY \$.00 .00 .00 .00 .00 .00 .00 | MO UNITS/DAYS PER ELIG .000 .000 .000 .000 .000 .000 .000 .0 | COST PER USER \$.00 .00 .00 .00 .00 .00 .00 .00 | 03 GE COST ELIG | /14/05 PER IBLE .00 .00 .00 .00 .00 .00 .00 .00 |
| BUTTE COUNTY 00 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES | SUMMARY OF SERV USERS 0 | /DENTAL ICES FOR TITLE II UNITS OF SERVICE OR DAYS OF CARE 0 : | DISREGA | .RD - FAMILIES EXPENDITURES .00 .00 .00 .00 .00 .00 .00 .00 .00 . | AVERAGE COST PER UNIT/DAY \$.00 .00 .00 .00 .00 .00 .00 .00 | MO UNITS/DAYS PER ELIG .000 .000 .000 .000 .000 .000 .000 .0 | COST PER USER \$.00 .00 .00 .00 .00 .00 .00 .00 .00 | 03 GE COST ELIG | /14/05 PER IBLE .00 .00 .00 .00 .00 .00 .00 .00 .00 |
| BUTTE COUNTY 00 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS | SUMMARY OF SERV USERS 0 | /DENTAL ICES FOR TITLE II UNITS OF SERVICE OR DAYS OF CARE 0 : | DISREGA | .RD - FAMILIES EXPENDITURES .00 .00 .00 .00 .00 .00 .00 .00 .00 . | AVERAGE COST PER UNIT/DAY \$.00 .00 .00 .00 .00 .00 .00 .00 | MO UNITS/DAYS PER ELIG .000 .000 .000 .000 .000 .000 .000 .0 | COST PER USER \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00 | 03 GE COST ELIG | /14/05 PER IBLE .00 .00 .00 .00 .00 .00 .00 .00 .00 .0 |
| BUTTE COUNTY 00 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT | SUMMARY OF SERV USERS 0 | /DENTAL ICES FOR TITLE II UNITS OF SERVICE OR DAYS OF CARE 0 : | DISREGA | ARD - FAMILIES EXPENDITURES .00 .00 .00 .00 .00 .00 .00 .00 .00 . | AVERAGE COST PER UNIT/DAY \$.00 .00 .00 .00 .00 .00 .00 .00 | MO UNITS/DAYS PER ELIG .000 .000 .000 .000 .000 .000 .000 .0 | COST PER USER \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00 | 03 GE COST ELIG | /14/05 PER IBLE .00 .00 .00 .00 .00 .00 .00 .00 .00 .0 |
| BUTTE COUNTY 00 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL | SUMMARY OF SERV USERS 0 | /DENTAL ICES FOR TITLE II UNITS OF SERVICE OR DAYS OF CARE 0 : | DISREGA | .RD - FAMILIES EXPENDITURES .00 .00 .00 .00 .00 .00 .00 .00 .00 . | AVERAGE COST PER UNIT/DAY \$.00 .00 .00 .00 .00 .00 .00 .00 .00 | MO UNITS/DAYS PER ELIG .000 .000 .000 .000 .000 .000 .000 .0 | COST PER USER \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00 | 03 GE COST ELIG | /14/05 PER IBLE .00 .00 .00 .00 .00 .00 .00 .00 .00 .0 |
| BUTTE COUNTY 00 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL | SUMMARY OF SERV USERS 0 | /DENTAL ICES FOR TITLE II UNITS OF SERVICE OR DAYS OF CARE 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 | DISREGA | .RD - FAMILIES .XPENDITURES .00 .00 .00 .00 .00 .00 .00 .00 .00 .0 | AVERAGE COST PER UNIT/DAY \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00 | MO C UNITS/DAYS PER ELIG .000 .000 .000 .000 .000 .000 .000 .0 | COST PER USER \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00 | 03 GE COST ELIG | /14/05 PER IBLE .00 .00 .00 .00 .00 .00 .00 .00 .00 .0 |
| BUTTE COUNTY 00 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY | SUMMARY OF SERV | /DENTAL ICES FOR TITLE II UNITS OF SERVICE OR DAYS OF CARE 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 | DISREGA | .RD - FAMILIES .XPENDITURES .00 .00 .00 .00 .00 .00 .00 .00 .00 .0 | AVERAGE COST PER UNIT/DAY \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00 | MO C UNITS/DAYS PER ELIG .000 .000 .000 .000 .000 .000 .000 .0 | COST PER USER \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00 | 03 GE COST ELIG | /14/05 PER IBLE .00 .00 .00 .00 .00 .00 .00 .00 .00 .0 |
| BUTTE COUNTY 00 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY | SUMMARY OF SERV USERS 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 | /DENTAL ICES FOR TITLE II UNITS OF SERVICE OR DAYS OF CARE 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 | DISREGA | .RD - FAMILIES .XPENDITURES .00 .00 .00 .00 .00 .00 .00 .00 .00 .0 | AVERAGE COST PER UNIT/DAY \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00 | MO UNITS/DAYS PER ELIG .000 .000 .000 .000 .000 .000 .000 .0 | COST PER USER \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00 | 03 GE COST ELIG | /14/05 PER IBLE .00 .00 .00 .00 .00 .00 .00 .00 .00 .0 |
| BUTTE COUNTY 00 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY | SUMMARY OF SERV USERS 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 | /DENTAL ICES FOR TITLE II UNITS OF SERVICE OR DAYS OF CARE 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 | DISREGA | .RD - FAMILIES .XPENDITURES .00 .00 .00 .00 .00 .00 .00 .00 .00 .0 | AVERAGE COST PER UNIT/DAY \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00 | MO C UNITS/DAYS PER ELIG .000 .000 .000 .000 .000 .000 .000 .0 | COST PER USER \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00 | 03 GE COST ELIG | /14/05 PER IBLE .00 .00 .00 .00 .00 .00 .00 .00 .00 .0 |
| BUTTE COUNTY 00 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE | SUMMARY OF SERV USERS 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 | /DENTAL ICES FOR TITLE II UNITS OF SERVICE OR DAYS OF CARE 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 | DISREGA | .RD - FAMILIES .XPENDITURES .00 .00 .00 .00 .00 .00 .00 .00 .00 . | AVERAGE COST PER UNIT/DAY \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00 | MO C UNITS/DAYS PER ELIG .000 .000 .000 .000 .000 .000 .000 .0 | COST PER USER \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00 | 03 GE COST ELIG | /14/05 PER IBLE .00 .00 .00 .00 .00 .00 .00 .00 .00 .0 |
| BUTTE COUNTY 00 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE CROSSOVERS/ALL OTH OUTPTNT | SUMMARY OF SERV USERS 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 | /DENTAL ICES FOR TITLE II UNITS OF SERVICE OR DAYS OF CARE 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 | DISREGA E | .RD - FAMILIES .XPENDITURES .00 .00 .00 .00 .00 .00 .00 .00 .00 .0 | AVERAGE COST PER UNIT/DAY \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00 | MO C UNITS/DAYS PER ELIG .000 .000 .000 .000 .000 .000 .000 .0 | COST PER USER \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00 | 03 GE COST ELIG \$ | /14/05 PER IBLE .00 .00 .00 .00 .00 .00 .00 .00 .00 .0 |
| BUTTE COUNTY 00 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE CROSSOVERS/ALL OTH OUTPTNT | SUMMARY OF SERV USERS 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 | /DENTAL ICES FOR TITLE II UNITS OF SERVICE OR DAYS OF CARE 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 | DISREGA | .RD - FAMILIES .XPENDITURES .00 .00 .00 .00 .00 .00 .00 .00 .00 .0 | AVERAGE COST PER UNIT/DAY \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00 | MO C UNITS/DAYS PER ELIG .000 .000 .000 .000 .000 .000 .000 .0 | COST PER USER \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00 | 03 GE COST ELIG | /14/05 PER IBLE .00 .00 .00 .00 .00 .00 .00 .00 .00 .0 |
| BUTTE COUNTY 00 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE CROSSOVERS/ALL OTH OUTPINT @STATE HOSPITAL MENTALLY ILL | SUMMARY OF SERV USERS 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 | /DENTAL ICES FOR TITLE II UNITS OF SERVICE OR DAYS OF CARE 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 | DISREGA E | .RD - FAMILIES EXPENDITURES .00 .00 .00 .00 .00 .00 .00 .00 .00 . | AVERAGE COST PER UNIT/DAY \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00 | MO C UNITS/DAYS PER ELIG .000 .000 .000 .000 .000 .000 .000 .0 | COST PER USER \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00 | 03 GE COST ELIG \$ | /14/05 PER IBLE .00 .00 .00 .00 .00 .00 .00 .00 .00 .0 |
| BUTTE COUNTY 00 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE CROSSOVERS/ALL OTH OUTPTNT @STATE HOSPITAL MENTALLY ILL DEVELOP. DISABLED | SUMMARY OF SERV USERS 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 | /DENTAL ICES FOR TITLE II UNITS OF SERVICE OR DAYS OF CARE 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 | DISREGA E | ARD - FAMILIES EXPENDITURES .00 .00 .00 .00 .00 .00 .00 .00 .00 . | AVERAGE COST PER UNIT/DAY \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00 | MO C UNITS/DAYS PER ELIG .000 .000 .000 .000 .000 .000 .000 .0 | COST PER USER \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00 | 03 GE COST ELIG \$ | /14/05 PER IBLE .00 .00 .00 .00 .00 .00 .00 .00 .00 .0 |
| BUTTE COUNTY 00 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE CROSSOVERS/ALL OTH OUTPINT @STATE HOSPITAL MENTALLY ILL | SUMMARY OF SERV USERS 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 | /DENTAL ICES FOR TITLE II UNITS OF SERVICE OR DAYS OF CARE 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 | DISREGA E | .RD - FAMILIES EXPENDITURES .00 .00 .00 .00 .00 .00 .00 .00 .00 . | AVERAGE COST PER UNIT/DAY \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00 | MO C UNITS/DAYS PER ELIG .000 .000 .000 .000 .000 .000 .000 .0 | COST PER USER \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00 | 03 GE COST ELIG \$ | /14/05 PER IBLE .00 .00 .00 .00 .00 .00 .00 .00 .00 .0 |

| LEV B-REHAB MD | 0 | 0 | | .00 | .00 | .000 | .00 | | .00 |
|-----------------------------------|---|-----------|--------------|--------------|---------------|-------------|--------------|-----|------------------|
| LEV B-SUBACUTE FREESTANDING | 0 | 0 | | .00 | .00 | .000 | .00 | | .00 |
| LEV B-SUBACUTE HSPTL BASED | 0 | 0 | | .00 | .00 | .000 | .00 | | .00 |
| LEV B-TRANSITIONAL IP CARE | 0 | 0 | | .00 | .00 | .000 | .00 | | .00 |
| LEV B-REGULAR | 0 | 0 | | .00 | .00 | .000 | .00 | | .00 |
| @INTERMEDIATE CARE FACILDD | 0 | 0 | \$ | .00 | \$.00 | .000 | \$.00 | \$ | .00 |
| ICF DDH | 0 | 0 | | .00 | .00 | .000 | .00 | | .00 |
| ICF DD | 0 | 0 | | .00 | .00 | .000 | .00 | | .00 |
| ICF DDN/DDCN | 0 | 0 | | .00 | .00 | .000 | .00 | | .00 |
| @HEMODIALYSIS TOTAL | 0 | 0 | \$ | .00 | \$.00 | .000 | \$.00 | \$ | .00 |
| HOSPITAL BASED | 0 | 0 | | .00 | .00 | .000 | .00 | | .00 |
| HEMODIALYSIS CENTER | 0 | 0 | | .00 | .00 | .000 | .00 | | .00 |
| @REHABILITATION FACILITY | 0 | 0 | \$ | .00 | \$.00 | .000 | \$.00 | \$ | .00 |
| HOSPITAL BASED | 0 | 0 | | .00 | .00 | .000 | .00 | | .00 |
| INDEPENDENT FACILITY | 0 | 0 | | .00 | .00 | .000 | .00 | | .00 |
| @LABORATORY FACILITY | 0 | 0 | \$ | • • • | \$.00 | .000 | | \$ | .00 |
| PATHOLOGY | 0 | 0 | | .00 | .00 | .000 | .00 | | .00 |
| XO AND OTHERS | 0 | 0 | | .00 | .00 | .000 | .00 | | .00 |
| @ORGANIZED OUTPATIENT CLINIC | 0 | 0 | \$ | • • • | \$.00 | | \$.00 | \$ | .00 |
| CLINIC | 0 | 0 | | .00 | .00 | .000 | .00 | | .00 |
| SURGICENTER | 0 | 0 | | .00 | .00 | .000 | .00 | | .00 |
| HEROIN DETOX CLINIC | 0 | 0 | | .00 | .00 | .000 | .00 | | .00 |
| RURAL HEALTH CLINIC | 0 | 0 | | .00 | .00 | .000 | .00 | | .00 |
| #CALIF DEPT OF HEALTH SERV MOP024 | MEDI-CAL SERVICES AND EX FEE-FOR-SERVICE/DENTAL | (PENDITU | RES MONTH-OF | -PAYMENT REP | ORT FOR JAN 2 | 2004 THRU 1 | DEC 2004 | | 1,012 3/14/05 |
| | SUMMARY OF SERVICES FOR | m T m T T | II DISREGARD | DAMILIDO | DICCOMMINI | .iep | | 0. | 3/14/03 |
| BUTTE COUNTY | SUMMARI OF SERVICES FOR | 11116 | II DISKEGAKD | - FAMILIES | DISCONTING | | ONTHLY AVERA | CE | |
| | | | | | | IvI | ONIDLI AVERA | .GE | |

| | | | | | MON' | THLY AVERAG | E |
|--------------------------------|-------|------------------|--------------|--------------|------------|-------------|----------|
| 00 ELIGIBLES | USERS | UNITS OF SERVICE | EXPENDITURES | AVERAGE COST | UNITS/DAYS | COST PER | COST PER |
| | | OR DAYS OF CARE | | PER UNIT/DAY | PER ELIG | USER | ELIGIBLE |
| @ALL OTHER PROVIDERS | 0 | 0 \$ | .00 | \$.00 | .000 \$ | .00 | \$.00 |
| DURABLE MED. EQUIP. | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| BLOOD BANK | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| HEARING AID DISPENSERS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| MEDICAL TRANSPORTATION | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| AMBULANCES/AIR TRANS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OTHER TRANS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OTHER SERVICES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ACUPUNCTURE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ADULT DAY HEALTH CARE CTR | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| GENETIC DISEASE TESTING | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| IHMC, MODEL-NF, NF, AIDS, MSSP | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OCCUPATIONAL THERAPIST | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OPTICIAN | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PHYSICAL THERAPIST | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PORTABLE X-RAY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PROSTHETIST/ORTHOTISTS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PROSTHETICS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ORTHOTICS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PSYCHOLOGIST | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| SPEECH AND AUDIOLOGY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| HOSPICE SERVICES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| NONINST BIRTHING CENTERS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| LOCAL EDUCATION AGENCIES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| EPSDT SUPPLEMENTAL SERVICE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| RESPIRATORY CARE PRACT. | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PED SUBACUTE REHAB/WEANING | 0 | 0 | .00 | .00 | .000 | .00 | .00 |

| ALL OTHER PROVIDERS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
|-------------------------------|---|------|-----|--------|---------|--------|-----|
| @CALIF. CHILDREN SERVICES* | 0 | 0 \$ | .00 | \$.00 | .000 \$ | .00 \$ | .00 |
| @XOVER EXCLUDING STATE HOSP** | 0 | 0 \$ | .00 | \$.00 | .000 \$ | .00 \$ | .00 |

0* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 1,013 MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05

BUTTE COUNTY SUMMARY OF SERVICES FOR TITLE II DISREGARD - TOTAL

| 20112 000111 | 001111111111111111111111111111111111111 | . 1020 1010 11122 11 210 | 101112 | | MONT | HLY AVERA | GE |
|----------------------------|---|--------------------------|--------------|--------------|-----------|-----------|-----------|
| 3,673 ELIGIBLES | USERS | UNITS OF SERVICE | EXPENDITURES | AVERAGE COST | | COST PER | COST PER |
| · | | OR DAYS OF CARE | | PER UNIT/DAY | PER ELIG | USER | ELIGIBLE |
| @TOTAL, ALL PROVIDERS | 3,669 | 87,546 \$ | 2,305,305.61 | \$ 26.33 | 23.835 \$ | 628.32 | \$ 627.64 |
| @PHYSICIANS SERVICES | 696 | 2,535 \$ | | \$ 9.86 | .690 \$ | 35.90 | |
| OUTPATIENT VISITS | 7 | 8 | 279.50 | 34.94 | .002 | 39.93 | .08 |
| OFFICE VISITS | 7 | 8 | 279.50 | 34.94 | .002 | 39.93 | .08 |
| HOME VISITS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| EMERGENCY ROOM | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PREVENTIVE CARE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OB VISITS/COMPRE PERI | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OTHER OUTPATIENT | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| INPATIENT VISITS | 2 | 9 | 480.96 | 53.44 | .002 | 240.48 | .13 |
| HOSPITAL VISITS | 2 | 9 | 480.96 | 53.44 | .002 | 240.48 | .13 |
| CRITICAL CARE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| SNF/ICF/TRANS IP CARE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OPHTHALMOLOGICAL SERVICES | 3 | 3 | 138.44 | 46.15 | .001 | 46.15 | .04 |
| EXAMINATIONS | 3 | 3 | 138.44 | 46.15 | .001 | 46.15 | .04 |
| SERVICES AND MATERIALS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| INPATIENT HOSPITAL SURGERY | 1 | 2 | 123.79 | 61.90 | .001 | 123.79 | .03 |
| PRINCIPAL SURGEON | 1 | 2 | 123.79 | 61.90 | .001 | 123.79 | .03 |
| ASSISTANT SURGEON | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ANESTHESIOLOGIST | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OUTPATIENT SURGERY | 4 | 33 | 896.57 | 27.17 | .009 | 224.14 | .24 |
| PRINCIPAL SURGEON | 2 | 3 | 503.72 | 167.91 | .001 | 251.86 | .14 |
| ASSISTANT SURGEON | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ANESTHESIOLOGIST | 2 | 30 | 392.85 | 13.10 | .008 | 196.43 | .11 |
| DIALYSIS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PATHOLOGY | 1 | 1 | 8.08 | 8.08 | .000 | 8.08 | .00 |
| RADIOLOGY | 9 | 26 | 1,156.32 | 44.47 | .007 | 128.48 | .31 |
| PSYCHIATRY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| IMMUNIZATION AND INJECTION | 1 | 1 | 10.93 | 10.93 | .000 | 10.93 | .00 |
| OTHER SERVICES/ALL X-OVERS | 675 | 2,452 | 21,893.51 | 8.93 | .668 | 32.43 | 5.96 |
| @PHARMACY | 3,205 | 59,439 \$ | | \$ 28.67 | 16.183 \$ | 531.61 | |
| PRESCRIPTION DRUGS | 3,141 | 16,730 | 1,646,579.16 | 98.42 | 4.555 | 524.22 | 448.29 |
| SNF/ICF | 44 | 359 | 33,330.90 | 92.84 | .098 | 757.52 | 9.07 |
| OUTPATIENTS | 3,102 | 16,371 | 1,613,248.26 | 98.54 | 4.457 | 520.07 | 439.22 |
| MEDICAL SUPPLIES | 431 | 42,709 | 57,245.27 | 1.34 | 11.628 | 132.82 | 15.59 |
| @DENTIST | 116 | 459 \$ | | \$ 48.90 | .125 \$ | 193.49 | |
| VISITS - DIAGNOSTIC | 71 | 252 | 3,309.00 | 13.13 | .069 | 46.61 | .90 |
| ORAL SURGERY | 14 | 46 | 2,330.75 | 50.67 | .013 | 166.48 | .63 |
| DRUGS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ANESTHESIA | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PERIODONTICS | 13 | 12 | 1,227.00 | 102.25 | .003 | 94.38 | .33 |
| ENDODONTICS | 6 | 9 | 2,185.00 | 242.78 | .002 | 364.17 | .59 |
| RESTORATIVE DENTISTRY | 25 | 68 | 4,223.00 | 62.10 | .019 | 168.92 | 1.15 |
| PROSTHETICS | 2 | 2 | 30.00 | 15.00 | .001 | 15.00 | .01 |
| | _ | - | 22.00 | = 0 | | | |

| DENTURES, STAYPLATES | 29 | 61 | 9,140.00 | 149.84 | .017 | 315.17 | 2.49 |
|----------------------------|--------------------|------------------|-------------------------|---------|--------------|--------|------------|
| SPACE MAINTAINERS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| MAXILLOFACIAL SERVICES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| FRACTURES, DISLOCATIONS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ORTHODONTIC SERVICES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER SERVICES | 5 | 9 | .00 | .00 | .002 | .00 | .00 |
| #CALIF DEPT OF HEALTH SERV | MEDI-CAL SERVICES | AND EXPENDITURES | MONTH-OF-PAYMENT REPORT | FOR JAN | 2004 THRU DE | C 2004 | PAGE 1,014 |
| MOP024 | FEE-FOR-SERVICE/DE | NTAL | | | | | 03/14/05 |
| BUTTE COUNTY | SUMMARY OF SERVICE | S FOR TITLE II D | ISREGARD - TOTAL | | | | |

| DOTTE COONT | DOMMANT OF DER | VICES FOR TITLE . | נט נו | ISKEGAKD TOTAL | | | MO | דעכ | HIY AVERA | GE. | |
|---|----------------|-------------------|---------|-------------------|----|------------|------|-----|-----------|-----|----------|
| 3,673 ELIGIBLES | USERS | UNITS OF SERVICE | E | EXPENDITURES | AV | ERAGE COST | | | | | COST PER |
| ., | | OR DAYS OF CAR | | | | R UNIT/DAY | | - | USER | | ELIGIBLE |
| @OPTOMETRIST | 111 | 280 | - \$ | 4,781.31 | \$ | | .076 | \$ | 43.07 | | 1.30 |
| DIAGNOSTIC AND ANC. PROCED | 9 | 9 | | 379.60 | · | 42.18 | .002 | • | 42.18 | • | .10 |
| EYE APPLIANCES | 89 | 237 | | 3,838.06 | | 16.19 | .065 | | 43.12 | | 1.04 |
| OTHER OPTOMETRIC SERVICES | 23 | 34 | | 563.65 | | 16.58 | .009 | | 24.51 | | .15 |
| @CHIROPRACTOR | 1 | 1 | \$ | 16.72 | \$ | 16.72 | .000 | Ś | 16.72 | Ś | .00 |
| VISITS | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| OTHER SERVICES | 1 | 1 | | 16.72 | | 16.72 | .000 | | 16.72 | | .00 |
| @PODIATRIST | 76 | 115 | \$ | 709.04 | \$ | 6.17 | .031 | Ś | 9.33 | Ś | .19 |
| MEDICINE/INJECTIONS | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| SURGERY/ANES. | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| RADIO./PATHOLOGY | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| OTHER | 76 | 115 | | 709.04 | | 6.17 | .031 | | 9.33 | | .19 |
| @HOME HEALTH AGENCY | 0 | 0 | \$ | | \$ | .00 | .000 | Ś | .00 | Ś | .00 |
| NURSE ANESTHESIST | 0 | 0 | \$ | .00 | \$ | .00 | | \$ | .00 | \$ | .00 |
| NURSE MIDWIFE | 0 | 0 | Ś | .00 | \$ | .00 | | \$ | | \$ | .00 |
| PEDIATRIC NURSE PRACTITIONER | • | 0 | \$ | | \$ | .00 | .000 | Ś | .00 | \$ | .00 |
| FAMILY NURSE PRACTITIONER | 0 | 0 | \$ | | \$ | .00 | | \$ | .00 | | .00 |
| @TOTAL HOSPITAL | 664 | 2,144 | Ś | 122,427.40 | | 57.10 | .584 | | 184.38 | | 33.33 |
| HOSP INPATIENT TOTAL | 72 | 11 | Ÿ | 79,758.35 | ٧ | 7250.76 | .003 | Y | 1107.75 | Y | 21.71 |
| HSC HOSPITALS | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| NON-HSC HOSPITAL TOTAL | 1 | 11 | | 20,761.08 | | 1887.37 | .003 | | 20761.08 | | 5.65 |
| ACCOMMODATIONS | 1 | 11 | | 6,633.76 | | 603.07 | .003 | | 6633.76 | | 1.81 |
| ADMINISTRATIVE DAYS | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| TRANSITIONAL IP CARE | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| ALL OTHER ACCOM | 1 | 11 | | 6 , 633.76 | | 603.07 | .003 | | 6633.76 | | 1.81 |
| ANCILLARIES | 1 | 0 | | 14,127.32 | | .00 | .000 | | 14127.32 | | 3.85 |
| INPATIENT CROSSOVERS | 71 | 0 | | 58,997.27 | | .00 | .000 | | 830.95 | | 16.06 |
| ALL OTHER INPATIENT | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| HOSP OUTPATIENT TOTAL | 639 | 2,133 | | 42,669.05 | | 20.00 | .581 | | 66.77 | | 11.62 |
| MEDICAL | 17 | 2,133 | | 1,893.64 | | 65.30 | .008 | | 111.39 | | .52 |
| SURGERY | 2 | 2 | | 86.90 | | 43.45 | .001 | | 43.45 | | .02 |
| PATHOLOGY | 30 | 61 | | 881.58 | | 14.45 | .017 | | 29.39 | | .24 |
| RADIOLOGY | 5 | 9 | | 1,464.27 | | 162.70 | .002 | | 292.85 | | .40 |
| ROOM USE | 14 | 21 | | 985.31 | | 46.92 | .002 | | 70.38 | | .27 |
| | = = | 2,011 | | 37,357.35 | | 18.58 | .548 | | 61.65 | | 10.17 |
| CROSSOVERS/ALL OTH OUTPTNT @COUNTY HOSPITAL TOTAL | 0 | 2,011 | \$ | | Ś | .00 | .000 | ċ | .00 | ċ | .00 |
| CO HOSPITAL INPATIENT TOTAL | 0 | 0 | Ş | .00 | Ş | .00 | .000 | Ş | .00 | Ş | .00 |
| HSC HOSPITALS | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| | 0 | 0 | | | | .00 | .000 | | | | |
| NON-HSC HOSPITALS TOTAL | 0 | 0 | | .00 | | | | | .00 | | .00 |
| ACCOMMODATIONS | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| ADMINISTRATIVE DAYS | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| TRANSITIONAL IP CARE | 0 | - | | .00 | | .00 | .000 | | .00 | | .00 |
| ALL OTHER ACCOM | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| ANCILLARIES | Ü | 0 | | .00 | | .00 | .000 | | .00 | | .00 |

| INPATIENT CROSSOVERS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
|----------------------------|-----------------|---------------------|--------------------|----------------|-------------|--------------|------------|
| ALL OTHER INPATIENT | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| CO HOSP OUTPATIENT TOTAL | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| MEDICAL | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| SURGERY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PATHOLOGY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| RADIOLOGY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ROOM USE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| CROSSOVERS/ALL OTH OUTPTNT | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| #CALIF DEPT OF HEALTH SERV | MEDI-CAL SERVIC | ES AND EXPENDITURES | S MONTH-OF-PAYMENT | REPORT FOR JAN | 2004 THRU I | DEC 2004 | PAGE 1,015 |
| MOP024 | FEE-FOR-SERVICE | /DENTAL | | | | | 03/14/05 |
| BUTTE COUNTY | SUMMARY OF SERV | ICES FOR TITLE II | DISREGARD - TOTAL | | | | |
| | | | | | MC | ONTHLY AVERA | GE |
| 3,673 ELIGIBLES | USERS | UNITS OF SERVICE | EXPENDITURES | AVERAGE COST | UNITS/DAYS | S COST PER | COST PER |
| | | OR DAYS OF CARE | | PER UNIT/DAY | PER ELIG | USER | ELIGIBLE |
| @COMMUNITY HOSPITAL TOTAL | 664 | 2,144 | 122,427.40 | \$ 57.10 | .584 | \$ 184.38 | \$ 33.33 |
| COMM HOSP INPATIENT TOTAL | 72 | 11 | 79,758.35 | 7250.76 | .003 | 1107.75 | 21.71 |
| HSC HOSPITALS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| NON-HSC HOSPITALS TOTAL | 1 | 11 | 20,761.08 | 1887.37 | .003 | 20761.08 | 5.65 |
| ACCOMMODATIONS | 1 | 11 | 6,633.76 | 603.07 | .003 | 6633.76 | 1.81 |
| ADMINISTRATIVE DAYS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| TRANSITIONAL IP CARE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER ACCOM | 1 | 11 | 6,633.76 | 603.07 | .003 | 6633.76 | 1.81 |
| ANCILLARIES | 1 | 0 | 14,127.32 | .00 | .000 | 14127.32 | 3.85 |
| INPATIENT CROSSOVERS | 71 | 0 | 58,997.27 | .00 | .000 | 830.95 | 16.06 |
| ALL OTHER INPATIENT | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| COMM HOSP OUTPATIENT TOTAL | 639 | 2,133 | 42,669.05 | 20.00 | .581 | 66.77 | 11.62 |
| MEDICAL | 17 | 29 | 1,893.64 | 65.30 | .008 | 111.39 | .52 |
| SURGERY | 2 | 2 | 86.90 | 43.45 | .001 | 43.45 | .02 |
| PATHOLOGY | 30 | 61 | 881.58 | 14.45 | .017 | 29.39 | .24 |
| RADIOLOGY | 5 | 9 | 1,464.27 | 162.70 | .002 | 292.85 | .40 |
| ROOM USE | 14 | 21 | 985.31 | 46.92 | .006 | 70.38 | .27 |
| | | | | | | | |

| CROSSOVERS/ALL OTH OUTPTNT | 606 | 2,011 | | 37,357.35 | | 18.58 | .548 | | 61.65 | | 10.17 |
|------------------------------|-----------------|-------------------|--------|--------------------|-------|-------------|-----------|-----|-----------|----|-----------|
| @STATE HOSPITAL | 0 | 0 | \$ | .00 | \$ | .00 | .000 | \$ | .00 | \$ | .00 |
| MENTALLY ILL | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| DEVELOP. DISABLED | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| @NURSING FACILITY | 58 | 810 | \$ | 136,057.48 | \$ | 167.97 | .221 | \$ | 2345.82 | \$ | 37.04 |
| LEV A-INTERMEDIATE | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| LEV B-REHAB MD | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| LEV B-SUBACUTE FREESTANDING | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| LEV B-SUBACUTE HSPTL BASED | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| LEV B-TRANSITIONAL IP CARE | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| LEV B-REGULAR | 58 | 810 | | 136,057.48 | | 167.97 | .221 | | 2345.82 | | 37.04 |
| @INTERMEDIATE CARE FACILDD | 6 | 166 | \$ | 36,219.78 | \$ | 218.19 | .045 | \$ | 6036.63 | \$ | 9.86 |
| ICF DDH | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| ICF DD | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| ICF DDN/DDCN | 6 | 166 | | 36,219.78 | | 218.19 | .045 | | 6036.63 | | 9.86 |
| @HEMODIALYSIS TOTAL | 8 | 12 | \$ | 4,629.68 | \$ | 385.81 | .003 | \$ | 578.71 | \$ | 1.26 |
| HOSPITAL BASED | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| HEMODIALYSIS CENTER | 8 | 12 | | 4,629.68 | | 385.81 | .003 | | 578.71 | | 1.26 |
| @REHABILITATION FACILITY | 0 | 0 | \$ | .00 | \$ | .00 | .000 | \$ | .00 | \$ | .00 |
| HOSPITAL BASED | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| INDEPENDENT FACILITY | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| @LABORATORY FACILITY | 18 | 33 | \$ | 2,830.36 | \$ | 85.77 | .009 | \$ | 157.24 | \$ | .77 |
| PATHOLOGY | 6 | 6 | | 133.97 | | 22.33 | .002 | | 22.33 | | .04 |
| XO AND OTHERS | 12 | 27 | | 2,696.39 | | 99.87 | .007 | | 224.70 | | .73 |
| @ORGANIZED OUTPATIENT CLINIC | 650 | 1,247 | \$ | 63,193.65 | \$ | 50.68 | .340 | \$ | 97.22 | \$ | 17.20 |
| CLINIC | 21 | 31 | | 1,781.27 | | 57.46 | .008 | | 84.82 | | .48 |
| SURGICENTER | 1 | 1 | | 198.92 | | 198.92 | .000 | | 198.92 | | .05 |
| HEROIN DETOX CLINIC | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| RURAL HEALTH CLINIC | 629 | 1,215 | | 61,213.46 | | 50.38 | .331 | | 97.32 | | 16.67 |
| #CALIF DEPT OF HEALTH SERV | MEDI-CAL SERVI | CES AND EXPENDITU | JRES 1 | MONTH-OF-PAYMENT R | EPOR' | T FOR JAN 2 | 2004 THRU | DEC | 2004 | P | AGE 1,016 |
| MOP024 | FEE-FOR-SERVICE | E/DENTAL | | | | | | | | | 03/14/05 |
| BUTTE COUNTY | SUMMARY OF SERV | VICES FOR TITLE | II D | ISREGARD - TOTAL | | | | | | | |
| | | | | | | | M | TNO | HLY AVERA | GE | |
| 3,673 ELIGIBLES | USERS | UNITS OF SERVI | CE | EXPENDITURES | AV: | ERAGE COST | UNITS/DAY | S | COST PER | | COST PER |
| | | OR DAYS OF CAR | RE | | PE: | R UNIT/DAY | | | USER | | ELIGIBLE |
| @ALL OTHER PROVIDERS | 817 | 20,305 | \$ | 183,182.91 | \$ | 9.02 | 5.528 | \$ | 224.21 | \$ | 49.87 |
| DIIDARIE MED ECIITO | 2.4 | 30 | | 7 658 77 | | 201 55 | 010 | | 310 12 | | 2 0 9 |

| | | | | | MO | NTHLI AVERA | GE |
|--------------------------------|-------|------------------|------------------|--------------|------------|-------------|----------|
| 3,673 ELIGIBLES | USERS | UNITS OF SERVICE | EXPENDITURES | AVERAGE COST | UNITS/DAYS | COST PER | COST PER |
| | | OR DAYS OF CARE | | PER UNIT/DAY | PER ELIG | USER | ELIGIBLE |
| @ALL OTHER PROVIDERS | 817 | 20,305 | \$ 183,182.91 | \$ 9.02 | 5.528 | \$ 224.21 | \$ 49.87 |
| DURABLE MED. EQUIP. | 24 | 38 | 7,658.77 | 201.55 | .010 | 319.12 | 2.09 |
| BLOOD BANK | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| HEARING AID DISPENSERS | 74 | 144 | 14,111.62 | 98.00 | .039 | 190.70 | 3.84 |
| MEDICAL TRANSPORTATION | 106 | 4,587 | 16,726.24 | 3.65 | 1.249 | 157.79 | 4.55 |
| AMBULANCES/AIR TRANS | 12 | 50 | 1,448.90 | 28.98 | .014 | 120.74 | .39 |
| OTHER TRANS | 95 | 4,536 | 15,265.48 | 3.37 | 1.235 | 160.69 | 4.16 |
| OTHER SERVICES | 1 | 1 | 11.86 | 11.86 | .000 | 11.86 | .00 |
| ACUPUNCTURE | 1 | 2 | 32.44 | 16.22 | .001 | 32.44 | .01 |
| ADULT DAY HEALTH CARE CTR | 5 | 58 | 4,035.64 | 69.58 | .016 | 807.13 | 1.10 |
| GENETIC DISEASE TESTING | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| IHMC, MODEL-NF, NF, AIDS, MSSP | 100 | 2,907 | 107,481.19 | 36.97 | .791 | 1074.81 | 29.26 |
| OCCUPATIONAL THERAPIST | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OPTICIAN | 96 | 225 | 2,394.71 | 10.64 | .061 | 24.94 | .65 |
| PHYSICAL THERAPIST | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PORTABLE X-RAY | 3 | 5 | 1.90 | .38 | .001 | .63 | .00 |
| PROSTHETIST/ORTHOTISTS | 4 | 16 | 739.18 | 46.20 | .004 | 184.80 | .20 |
| PROSTHETICS | 4 | 16 | 739.18 | 46.20 | .004 | 184.80 | .20 |
| ORTHOTICS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PSYCHOLOGIST | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| SPEECH AND AUDIOLOGY | 15 | 48 | 1,832.47 | 38.18 | .013 | 122.16 | .50 |
| | | | | | | | |

| HOSPICE SERVICES | Ω | Ω | | .00 | .00 | .000 | .00 | .00 |
|--|-------|--------|-------------------|------------|-------------|-------|--------------|-------------|
| | 0 | 0 | | | | | | |
| NONINST BIRTHING CENTERS | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| LOCAL EDUCATION AGENCIES | 2 | 14 | | 143.11 | 10.22 | .004 | 71.56 | .04 |
| EPSDT SUPPLEMENTAL SERVICE | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| RESPIRATORY CARE PRACT. | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| PED SUBACUTE REHAB/WEANING | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER PROVIDERS | 532 | 12,261 | | 28,025.64 | 2.29 | 3.338 | 52.68 | 7.63 |
| @CALIF. CHILDREN SERVICES* | 0 | 0 | \$ | .00 | \$.00 | .000 | \$.00 | \$.00 |
| @XOVER EXCLUDING STATE HOSP** | 1,491 | 9,695 | \$ | 220,896.48 | \$ 22.78 | 2.640 | \$ 148.15 | \$ 60.14 |
| O. H. MOMATO THE MUTTER THE STATE OF THE | | | T. T. T. A. A. A. | | | | | |

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 1,017 MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05 BUTTE COUNTY SUMMARY OF SERVICES FOR IN HOME SUPPORT - AGED AID CODE 18

| DOTTE COONTI | DOMINANT OF DEIN | VICED FOR IN HOME | 501 | LIONI AGED | AID CODE | 1 10 | | | |
|----------------------------|------------------|-------------------|-----|--------------|--------------|-----------------|----------|-----|----------|
| | | | | | | MON | | ΔGE | |
| 1,375 ELIGIBLES | USERS | UNITS OF SERVICE | | EXPENDITURES | AVERAGE COST | | | | COST PER |
| | | OR DAYS OF CARE | | | PER UNIT/DAY | | USER | | ELIGIBLE |
| @TOTAL, ALL PROVIDERS | 1,261 | 51 , 462 | \$ | 938,314.57 | \$ 18.23 | 37.427 | | | |
| @PHYSICIANS SERVICES | 244 | 690 | \$ | 11,342.91 | \$ 16.44 | .502 | \$ 46.49 | \$ | 8.25 |
| OUTPATIENT VISITS | 6 | 7 | | 438.19 | 62.60 | .005 | 73.03 | | .32 |
| OFFICE VISITS | 3 | 3 | | 69.35 | 23.12 | .002 | 23.12 | | .05 |
| HOME VISITS | 0 | 0 | | .00 | .00 | .000 | .00 | | .00 |
| EMERGENCY ROOM | 3 | 4 | | 368.84 | 92.21 | .003 | 122.95 | | .27 |
| PREVENTIVE CARE | 0 | 0 | | .00 | .00 | .000 | .00 | | .00 |
| OB VISITS/COMPRE PERI | 0 | 0 | | .00 | .00 | .000 | .00 | | .00 |
| OTHER OUTPATIENT | 0 | 0 | | .00 | .00 | .000 | .00 | | .00 |
| INPATIENT VISITS | 1 | 1 | | 48.76 | 48.76 | .001 | 48.76 | | .04 |
| HOSPITAL VISITS | 1 | 1 | | 48.76 | 48.76 | .001 | 48.76 | | .04 |
| CRITICAL CARE | 0 | 0 | | .00 | .00 | .000 | .00 | | .00 |
| SNF/ICF/TRANS IP CARE | 0 | 0 | | .00 | .00 | .000 | .00 | | .00 |
| OPHTHALMOLOGICAL SERVICES | 2 | 2 | | 72.41 | 36.21 | .001 | 36.21 | | .05 |
| EXAMINATIONS | 2 | 2 | | 72.41 | 36.21 | .001 | 36.21 | | .05 |
| SERVICES AND MATERIALS | 0 | 0 | | .00 | .00 | .000 | .00 | | .00 |
| INPATIENT HOSPITAL SURGERY | 0 | 0 | | .00 | .00 | .000 | .00 | | .00 |
| PRINCIPAL SURGEON | 0 | 0 | | .00 | .00 | .000 | .00 | | .00 |
| ASSISTANT SURGEON | 0 | 0 | | .00 | .00 | .000 | .00 | | .00 |
| ANESTHESIOLOGIST | 0 | 0 | | .00 | .00 | .000 | .00 | | .00 |
| OUTPATIENT SURGERY | 0 | 0 | | .00 | .00 | .000 | .00 | | .00 |
| PRINCIPAL SURGEON | 0 | 0 | | .00 | .00 | .000 | .00 | | .00 |
| ASSISTANT SURGEON | 0 | 0 | | .00 | .00 | .000 | .00 | | .00 |
| ANESTHESIOLOGIST | 0 | 0 | | .00 | .00 | .000 | .00 | | .00 |
| DIALYSIS | 0 | 0 | | .00 | .00 | .000 | .00 | | .00 |
| PATHOLOGY | 0 | 0 | | .00 | .00 | .000 | .00 | | .00 |
| RADIOLOGY | 4 | 7 | | 116.70 | 16.67 | .005 | 29.18 | | .08 |
| PSYCHIATRY | 0 | 0 | | .00 | .00 | .000 | .00 | | .00 |
| IMMUNIZATION AND INJECTION | 0 | 0 | | .00 | .00 | .000 | .00 | | .00 |
| OTHER SERVICES/ALL X-OVERS | 237 | 673 | | 10,666.85 | 15.85 | .489 | 45.01 | | 7.76 |
| @PHARMACY | 1,035 | 24,779 | \$ | 401,356.45 | \$ 16.20 | 18.021 | 387.78 | \$ | 291.90 |
| PRESCRIPTION DRUGS | 1,007 | 5,631 | | 389,656.17 | 69.20 | 4.095 | 386.95 | | 283.39 |
| SNF/ICF | 54 | 569 | | 41,129.57 | 72.28 | .414 | 761.66 | | 29.91 |
| OUTPATIENTS | 959 | 5,062 | | 348,526.60 | 68.85 | 3.681 | 363.43 | | 253.47 |
| MEDICAL SUPPLIES | 181 | 19,148 | | 11,700.28 | .61 | 3.681 13.926 | 64.64 | | 8.51 |
| @DENTIST | 34 | 85 | \$ | 5,310.00 | \$ 62.47 | .062 | | \$ | 3.86 |
| VISITS - DIAGNOSTIC | 17 | 41 | | 719.00 | 17.54 | .030 | 42.29 | | .52 |
| ORAL SURGERY | 6 | 7 | | 430.00 | 61.43 | .005 | 71.67 | | .31 |
| | | | | | | | | | |

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

| DRUGS | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
|-------------------------------|-----------------|-------------------|-------|---------------------|----------|-----------|--------------------|-----|-------------|----|-----------|
| ANESTHESIA | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| PERIODONTICS | 2 | 2 | | 173.00 | | 86.50 | .001 | | 86.50 | | .13 |
| ENDODONTICS | 1 | 1 | | 215.00 | | 215.00 | .001 | | 215.00 | | .16 |
| RESTORATIVE DENTISTRY | 4 | 6 | | 449.00 | | 74.83 | .004 | | 112.25 | | .33 |
| PROSTHETICS | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| DENTURES, STAYPLATES | 13 | 28 | | 3,324.00 | | 118.71 | .020 | | 255.69 | | 2.42 |
| SPACE MAINTAINERS | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| MAXILLOFACIAL SERVICES | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| FRACTURES, DISLOCATIONS | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| ORTHODONTIC SERVICES | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| ALL OTHER SERVICES | 2 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| #CALIF DEPT OF HEALTH SERV | MEDI-CAL SERVIO | | RES I | MONTH-OF-PAYMENT RI | EPORT | | | DEC | | P | AGE 1,018 |
| MOP024 | FEE-FOR-SERVICE | | (110) | MONTH OF TATMENT IN | DI OIVI | FOR OAN 2 | OMIT POOL | טאכ | 2004 | | 03/14/05 |
| BUTTE COUNTY | | | י פוו | PPORT - AGED | | AID CODE | 1 Ω | | | | 03/14/03 |
| BOILE COONII | SUMMARI OF SERV | VICES FOR IN HOME | . 50 | FFORI - AGED | | AID CODE | M | ONT | מסשנזג עדטי | CF | |
| 1 375 ELICIDIES | USERS | INTER OF CEDITOR | , | EXPENDITURES | 7/ 7/ 77 | ACE COCE | | | | | COST PER |
| 1,375 ELIGIBLES | USERS | UNITS OF SERVICE | | EXPENDITORES | | | UNITS/DAY PER ELIG | | USER | | |
| OODEOMEEDIGE | 2.6 | OR DAYS OF CARE | | 1 260 41 | | | | | | | ELIGIBLE |
| @OPTOMETRIST | 26 | 61 | \$ | 1,368.41 | \$ | | .044 | Ş | 52.63 | Ş | 1.00 |
| DIAGNOSTIC AND ANC. PROCED | 4 | 4 | | 209.45 | | 52.36 | .003 | | 52.36 | | .15 |
| EYE APPLIANCES | 23 | 54 | | 1,122.49 | | 20.79 | .039 | | 48.80 | | .82 |
| OTHER OPTOMETRIC SERVICES | 3 | 3 | | 36.47 | | 12.16 | .002 | | 12.16 | | .03 |
| @CHIROPRACTOR | 0 | 0 | \$ | .00 | \$ | .00 | .000 | Ş | .00 | Ş | .00 |
| VISITS | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| OTHER SERVICES | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| @PODIATRIST | 69 | 113 | \$ | 1,135.07 | \$ | 10.04 | .082 | \$ | 16.45 | \$ | .83 |
| MEDICINE/INJECTIONS | 8 | 9 | | 216.00 | | 24.00 | .007 | | 27.00 | | .16 |
| SURGERY/ANES. | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| RADIO./PATHOLOGY | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| OTHER | 61 | 104 | | 919.07 | | 8.84 | .076 | | 15.07 | | .67 |
| @HOME HEALTH AGENCY | 0 | 0 | \$ | .00 | \$ | .00 | .000 | \$ | .00 | \$ | .00 |
| NURSE ANESTHESIST | 0 | 0 | \$ | .00 | \$ | .00 | .000 | \$ | .00 | \$ | .00 |
| NURSE MIDWIFE | 0 | 0 | \$ | .00 | \$ | .00 | .000 | \$ | .00 | \$ | .00 |
| PEDIATRIC NURSE PRACTITIONER | 0 | 0 | \$ | .00 | \$ | .00 | .000 | \$ | .00 | \$ | .00 |
| FAMILY NURSE PRACTITIONER | 0 | 0 | \$ | .00 | \$ | .00 | .000 | \$ | .00 | \$ | .00 |
| @TOTAL HOSPITAL | 178 | 590 | \$ | 45,699.74 | \$ | 77.46 | .429 | \$ | 256.74 | \$ | 33.24 |
| HOSP INPATIENT TOTAL | 38 | 3 | | 37,250.75 | 12 | 2416.92 | .002 | | 980.28 | | 27.09 |
| HSC HOSPITALS | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| NON-HSC HOSPITAL TOTAL | 1 | 3 | | 8,892.16 | 2 | 2964.05 | .002 | | 8892.16 | | 6.47 |
| ACCOMMODATIONS | 1 | 3 | | 2,443.98 | | 814.66 | .002 | | 2443.98 | | 1.78 |
| ADMINISTRATIVE DAYS | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| TRANSITIONAL IP CARE | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| ALL OTHER ACCOM | 1 | 3 | | 2,443.98 | | 814.66 | .002 | | 2443.98 | | 1.78 |
| ANCILLARIES | 1 | 0 | | 6,448.18 | | .00 | .000 | | 6448.18 | | 4.69 |
| INPATIENT CROSSOVERS | 37 | 0 | | 28,358.59 | | .00 | .000 | | 766.45 | | 20.62 |
| ALL OTHER INPATIENT | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| HOSP OUTPATIENT TOTAL | 166 | 587 | | 8,448.99 | | 14.39 | .427 | | 50.90 | | 6.14 |
| MEDICAL | 2 | 7 | | 201.31 | | 28.76 | .005 | | 100.66 | | .15 |
| SURGERY | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| PATHOLOGY | 13 | 39 | | 512.23 | | 13.13 | .028 | | 39.40 | | .37 |
| RADIOLOGY | 3 | 5 | | 291.38 | | 58.28 | .004 | | 97.13 | | .21 |
| ROOM USE | 4 | 3 | | 102.22 | | 34.07 | .004 | | 25.56 | | .07 |
| CROSSOVERS/ALL OTH OUTPTNT | - | 533 | | 7,341.85 | | 13.77 | .388 | | 47.06 | | 5.34 |
| acounty hospital tota outpini | 120 |)))) | Ś | | Ś | | | S | 47.00 | S | |

0

0

0

0

0

@COUNTY HOSPITAL TOTAL

HSC HOSPITALS

CO HOSPITAL INPATIENT TOTAL

\$

.00 \$

.00

.00

.00

.00

.000 \$

.000

.000

.00

.00

.00

.00 \$

.00

.00

| NON HES HOSDINALS MONAT | 0 | 0 | | .00 | 0.0 | .000 | .00 | | .00 |
|-----------------------------|------------------|---------------|--------|--------------------|---------------|--------------|---------|----|-----------|
| NON-HSC HOSPITALS TOTAL | 0 | 0 | | .00 | .00 | .000 | .00 | | .00 |
| ACCOMMODATIONS | 0 | 0 | | | .00 | | | | .00 |
| ADMINISTRATIVE DAYS | 0 | 0 | | .00 | | .000 | .00 | | |
| TRANSITIONAL IP CARE | U | U | | .00 | .00 | .000 | .00 | | .00 |
| ALL OTHER ACCOM | U | U | | .00 | .00 | .000 | .00 | | .00 |
| ANCILLARIES | U | U | | .00 | .00 | .000 | .00 | | .00 |
| INPATIENT CROSSOVERS | U | U | | .00 | .00 | .000 | .00 | | .00 |
| ALL OTHER INPATIENT | U | U | | .00 | .00 | .000 | .00 | | .00 |
| CO HOSP OUTPATIENT TOTAL | U | 0 | | .00 | .00 | .000 | .00 | | .00 |
| MEDICAL | U | 0 | | .00 | .00 | .000 | .00 | | .00 |
| SURGERY | U | 0 | | .00 | .00 | .000 | .00 | | .00 |
| PATHOLOGY | 0 | 0 | | .00 | .00 | .000 | .00 | | .00 |
| RADIOLOGY | 0 | 0 | | .00 | .00 | .000 | .00 | | .00 |
| ROOM USE | 0 | 0 | | .00 | .00 | .000 | .00 | | .00 |
| CROSSOVERS/ALL OTH OUTPTNT | | 0 | | .00 | .00 | .000 | .00 | _ | .00 |
| #CALIF DEPT OF HEALTH SERV | | | TURES | MONTH-OF-PAYMENT R | EPORT FOR JAN | 2004 THRU DE | C 2004 | Ρ. | AGE 1,019 |
| MOP024 | FEE-FOR-SERVICE, | | | | | | | | 03/14/05 |
| BUTTE COUNTY | SUMMARY OF SERV | ICES FOR IN H | OME SU | JPPORT - AGED | AID CODE | | | | |
| | | | | | | MON | | | |
| 1,375 ELIGIBLES | USERS | UNITS OF SERV | | EXPENDITURES | AVERAGE COST | | | | COST PER |
| | | OR DAYS OF C | | | PER UNIT/DAY | | USER | | ELIGIBLE |
| @COMMUNITY HOSPITAL TOTAL | 178 | 590 | | 45,699.74 | \$ 77.46 | .429 \$ | | \$ | |
| COMM HOSP INPATIENT TOTAL | 38 | 3 | | 37,250.75 | 12416.92 | .002 | 980.28 | | 27.09 |
| HSC HOSPITALS | 0 | 0 | | .00 | .00 | .000 | .00 | | .00 |
| NON-HSC HOSPITALS TOTAL | 1 | 3 | | 8,892.16 | 2964.05 | .002 | 8892.16 | | 6.47 |
| ACCOMMODATIONS | 1 | 3 | | 2,443.98 | 814.66 | .002 | 2443.98 | | 1.78 |
| ADMINISTRATIVE DAYS | 0 | 0 | | .00 | .00 | .000 | .00 | | .00 |
| TRANSITIONAL IP CARE | 0 | 0 | | .00 | .00 | .000 | .00 | | .00 |
| ALL OTHER ACCOM | 1 | 3 | | 2,443.98 | 814.66 | .002 | 2443.98 | | 1.78 |
| ANCILLARIES | 1 | 0 | | 6,448.18 | .00 | .000 | 6448.18 | | 4.69 |
| INPATIENT CROSSOVERS | 37 | 0 | | 28 , 358.59 | .00 | | 766.45 | | 20.62 |
| ALL OTHER INPATIENT | 0 | 0 | | .00 | .00 | .000 | .00 | | .00 |
| COMM HOSP OUTPATIENT TOTAL | 166 | 587 | | 8,448.99 | 14.39 | .427 | 50.90 | | 6.14 |
| MEDICAL | 2 | 7 | | 201.31 | 28.76 | .005 | 100.66 | | .15 |
| SURGERY | 0 | 0 | | .00 | .00 | .000 | .00 | | .00 |
| PATHOLOGY | 13 | 39 | | 512.23 | 13.13 | .028 | 39.40 | | .37 |
| RADIOLOGY | 3 | 5 | | 291.38 | 58.28 | .004 | 97.13 | | .21 |
| ROOM USE | 4 | 3 | | 102.22 | 34.07 | .002 | 25.56 | | .07 |
| CROSSOVERS/ALL OTH OUTPINT | 156 | 533 | | 7,341.85 | 13.77 | .388 | 47.06 | | 5.34 |
| @STATE HOSPITAL | 0 | 0 | \$ | .00 | \$.00 | .000 \$ | | \$ | .00 |
| MENTALLY ILL | 0 | 0 | | .00 | .00 | .000 | .00 | | .00 |
| DEVELOP. DISABLED | 0 | 0 | | .00 | .00 | .000 | .00 | | .00 |
| @NURSING FACILITY | 98 | 1,780 | \$ | 262,153.05 | \$ 147.28 | 1.295 \$ | 2675.03 | \$ | 190.66 |
| LEV A-INTERMEDIATE | 0 | 0 | | .00 | .00 | .000 | .00 | | .00 |
| LEV B-REHAB MD | 0 | 0 | | .00 | .00 | .000 | .00 | | .00 |
| LEV B-SUBACUTE FREESTANDING | 0 | 0 | | .00 | .00 | .000 | .00 | | .00 |
| LEV B-SUBACUTE HSPTL BASED | 0 | 0 | | .00 | .00 | .000 | .00 | | .00 |
| LEV B-TRANSITIONAL IP CARE | 0 | 0 | | .00 | .00 | .000 | .00 | | .00 |
| THE D DECLITAD | 0.0 | 1 700 | | 262 152 05 | 1 4 7 0 0 | 1 005 | 0675 00 | | 100 66 |

262,153.05

12,573.00

12,573.00

.00

.00

.00

.00

.00

\$

147.28

502.92

502.92

.00

.00

.00

.00

.00

1.295

.000

.000

.000

.000

.018

.000 \$

.018 \$

2675.03

.00 \$

.00

.00

.00

785.81 \$

.00

785.81

190.66

.00

.00

.00

.00

9.14

.00

9.14

98

0

0

0

0

16

16

0

LEV B-REGULAR

ICF DDN/DDCN

@HEMODIALYSIS TOTAL

HEMODIALYSIS CENTER

HOSPITAL BASED

ICF DDH

ICF DD

@INTERMEDIATE CARE FACIL.-DD

1,780

0

0

0

0 25

0

25

| @REHABILITATION FACILITY | 0 | 0 | \$ | .00 | \$ | .00 | .000 | \$ | .00 | \$ | .00 |
|--------------------------------|-----------------|-------------------|-------|--------------------|--------|-----------|-----------|------|-----------|-----|-----------|
| HOSPITAL BASED | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| INDEPENDENT FACILITY | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| @LABORATORY FACILITY | 9 | 28 | \$ | 212.09 | \$ | 7.57 | .020 | \$ | 23.57 | \$ | .15 |
| PATHOLOGY | 8 | 22 | | 205.94 | | 9.36 | .016 | | 25.74 | | .15 |
| XO AND OTHERS | 1 | 6 | | 6.15 | | 1.03 | .004 | | 6.15 | | .00 |
| @ORGANIZED OUTPATIENT CLINIC | 67 | 125 | \$ | 11,901.07 | \$ | 95.21 | .091 | \$ | 177.63 | \$ | 8.66 |
| CLINIC | 2 | 1 | | 74.65 | | 74.65 | .001 | | 37.33 | | .05 |
| SURGICENTER | 1 | 1 | | 10.00 | | 10.00 | .001 | | 10.00 | | .01 |
| HEROIN DETOX CLINIC | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| RURAL HEALTH CLINIC | 64 | 123 | | 11,816.42 | | 96.07 | .089 | | 184.63 | | 8.59 |
| #CALIF DEPT OF HEALTH SERV | MEDI-CAL SERVIC | ES AND EXPENDITUR | RES : | MONTH-OF-PAYMENT I | REPORT | FOR JAN | 2004 THRU | DEC | 2004 | P. | AGE 1,020 |
| MOP024 | FEE-FOR-SERVICE | /DENTAL | | | | | | | | | 03/14/05 |
| BUTTE COUNTY | SUMMARY OF SERV | ICES FOR IN HOME | SU | PPORT - AGED | | AID CODE | 18 | | | | |
| | | | | | | | M | TNOI | HLY AVERA | GE. | |
| 1,375 ELIGIBLES | USERS | UNITS OF SERVICE | 3 | EXPENDITURES | AVE | RAGE COST | UNITS/DAY | .S | COST PER | | COST PER |
| | | OR DAYS OF CARE | 3 | | PER | UNIT/DAY | PER ELIG | ; | USER | | ELIGIBLE |
| @ALL OTHER PROVIDERS | 536 | 23,186 | \$ | 185,262.78 | \$ | 7.99 | 16.863 | \$ | 345.64 | \$ | 134.74 |
| DURABLE MED. EQUIP. | 12 | 26 | | 6,151.01 | | 236.58 | .019 | | 512.58 | | 4.47 |
| BLOOD BANK | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| HEARING AID DISPENSERS | 37 | 63 | | 4,653.14 | | 73.86 | .046 | | 125.76 | | 3.38 |
| MEDICAL TRANSPORTATION | 95 | 6 , 791 | | 18,327.95 | | 2.70 | 4.939 | | 192.93 | | 13.33 |
| AMBULANCES/AIR TRANS | 9 | 17 | | 1,091.69 | | 64.22 | .012 | | 121.30 | | .79 |
| OTHER TRANS | 83 | 6,744 | | 16,802.12 | | 2.49 | 4.905 | | 202.44 | | 12.22 |
| OTHER SERVICES | 10 | 30 | | 434.14 | | 14.47 | .022 | | 43.41 | | .32 |
| ACUPUNCTURE | 2 | 3 | | 48.66 | | 16.22 | .002 | | 24.33 | | .04 |
| ADULT DAY HEALTH CARE CTR | 60 | 898 | | 62,498.67 | | 69.60 | .653 | | 1041.64 | | 45.45 |
| GENETIC DISEASE TESTING | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| IHMC, MODEL-NF, NF, AIDS, MSSP | 138 | 1,296 | | 74,304.88 | | 57.33 | .943 | | 538.44 | | 54.04 |
| OCCUPATIONAL THERAPIST | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| OPTICIAN | 26 | 59 | | 707.67 | | 11.99 | .043 | | 27.22 | | .51 |
| PHYSICAL THERAPIST | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |

| PORTABLE X-RAY | 2 | 3 | 2.36 | .79 | .002 | 1.18 | .00 |
|-------------------------------|-----|--------|------------------|-------------|--------|--------------|-------------|
| PROSTHETIST/ORTHOTISTS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PROSTHETICS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ORTHOTICS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PSYCHOLOGIST | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| SPEECH AND AUDIOLOGY | 5 | 12 | 2,496.65 | 208.05 | .009 | 499.33 | 1.82 |
| HOSPICE SERVICES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| NONINST BIRTHING CENTERS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| LOCAL EDUCATION AGENCIES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| EPSDT SUPPLEMENTAL SERVICE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| RESPIRATORY CARE PRACT. | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PED SUBACUTE REHAB/WEANING | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER PROVIDERS | 282 | 14,035 | 16,071.79 | 1.15 | 10.207 | 56.99 | 11.69 |
| @CALIF. CHILDREN SERVICES* | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 |
| @XOVER EXCLUDING STATE HOSP** | 605 | 2,546 | \$ 136,023.65 | \$ 53.43 | 1.852 | \$ 224.83 | \$ 98.93 |
| | | | | | | | |

^{0*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 1,021 MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05 BUTTE COUNTY SUMMARY OF SERVICES FOR IN HOME SUPPORT - BLIND AID CODE 28

| | | | | | MON | THLY AVERAC | GE |
|----------------------------|-------|------------------|--------------------|--------------|------------|-------------|-----------|
| 163 ELIGIBLES | USERS | UNITS OF SERVICE | EXPENDITURES | AVERAGE COST | UNITS/DAYS | COST PER | COST PER |
| | | OR DAYS OF CARE | | PER UNIT/DAY | PER ELIG | USER | ELIGIBLE |
| @TOTAL, ALL PROVIDERS | 157 | 2,448 \$ | 69 , 991.43 | \$ 28.59 | 15.018 \$ | 445.81 | \$ 429.40 |
| @PHYSICIANS SERVICES | 35 | 128 \$ | 1,856.49 | \$ 14.50 | .785 \$ | 53.04 | \$ 11.39 |
| OUTPATIENT VISITS | 4 | 4 | 130.60 | 32.65 | .025 | 32.65 | .80 |
| OFFICE VISITS | 4 | 4 | 130.60 | 32.65 | .025 | 32.65 | .80 |
| HOME VISITS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| EMERGENCY ROOM | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PREVENTIVE CARE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OB VISITS/COMPRE PERI | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OTHER OUTPATIENT | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| INPATIENT VISITS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| HOSPITAL VISITS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| CRITICAL CARE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| SNF/ICF/TRANS IP CARE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OPHTHALMOLOGICAL SERVICES | 3 | 3 | 122.02 | 40.67 | .018 | 40.67 | .75 |
| EXAMINATIONS | 3 | 3 | 122.02 | 40.67 | .018 | 40.67 | .75 |
| SERVICES AND MATERIALS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| INPATIENT HOSPITAL SURGERY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PRINCIPAL SURGEON | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ASSISTANT SURGEON | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ANESTHESIOLOGIST | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OUTPATIENT SURGERY | 1 | 1 | 421.82 | 421.82 | .006 | 421.82 | 2.59 |
| PRINCIPAL SURGEON | 1 | 1 | 421.82 | 421.82 | .006 | 421.82 | 2.59 |
| ASSISTANT SURGEON | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ANESTHESIOLOGIST | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| DIALYSIS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PATHOLOGY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| RADIOLOGY | 1 | 1 | 21.60 | 21.60 | .006 | 21.60 | .13 |
| PSYCHIATRY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| IMMUNIZATION AND INJECTION | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OTHER SERVICES/ALL X-OVERS | 27 | 119 | 1,160.45 | 9.75 | .730 | 42.98 | 7.12 |
| @PHARMACY | 126 | 1,807 \$ | 41,840.28 | | 11.086 \$ | 332.07 | \$ 256.69 |
| PRESCRIPTION DRUGS | 113 | 566 | 38,722.32 | 68.41 | 3.472 | 342.68 | 237.56 |

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

| SNF/ICF OUTPATIENTS | 0 113 | 0 566 | .00 38,722.32 | .00 68.41 | .000 3.472 | .00 342.68 | .00 237.56 |
|----------------------------|--------------------------|------------|---------------------|--------------|---------------|---------------|---------------|
| MEDICAL SUPPLIES | 36 | 1,241 | 3,117.96 | 2.51 | 7.613 | 86.61 | 19.13 |
| @DENTIST | 3 | 29 \$ | 789.00 | \$ 27.21 | .178 \$ | 263.00 | \$ 4.84 |
| VISITS - DIAGNOSTIC | 1 | 7 | 141.00 | 20.14 | .043 | 141.00 | .87 |
| ORAL SURGERY | 2 | 20 | 566.00 | 28.30 | .123 | 283.00 | 3.47 |
| DRUGS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ANESTHESIA | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PERIODONTICS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ENDODONTICS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| RESTORATIVE DENTISTRY | 0 | 2 | 82.00 | 41.00 | .012 | .00 | .50 |
| PROSTHETICS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| DENTURES, STAYPLATES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| SPACE MAINTAINERS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| MAXILLOFACIAL SERVICES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| FRACTURES, DISLOCATIONS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ORTHODONTIC SERVICES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER SERVICES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| #CALIF DEPT OF HEALTH SERV | MEDI-CAL SERVICES AND EX | PENDITURES | MONTH-OF-PAYMENT RE | PORT FOR JAN | 2004 THRU DEC | 2004 | PAGE 1,022 |
| MOP024 | FEE-FOR-SERVICE/DENTAL | | | | | | 03/14/05 |
| BUTTE COUNTY | SUMMARY OF SERVICES FOR | IN HOME S | UPPORT - BLIND | AID CODE | 28 | | |

----- MONTHLY AVERAGE -----163 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE @OPTOMETRIST 3 \$ 42.85 \$ 14.28 .018 \$ 42.85 \$.26 0 .00 .000 .00 DIAGNOSTIC AND ANC. PROCED .00 .00 42.85 14.28 .018 42.85 EYE APPLIANCES .26 OTHER OPTOMETRIC SERVICES .00 .00 .00 .00 .000 .00 \$.00 .00 \$ @CHIROPRACTOR .000 \$.00 .00 VISITS 0 .00 .000 .00 .00 .00 0 OTHER SERVICES .00 .000 .00 9.36 \$ 3.12 3.12 \$ @PODIATRIST .018 \$.06 .00 MEDICINE/INJECTIONS .00 .000 .00 .00 .00 SURGERY/ANES. 0 .000 .00 .00 0 .00 .00 RADIO./PATHOLOGY .00 .000 OTHER 3 9.36 3.12 .018 3.12 .06 61 1,858.09 \$.374 \$ 929.05 \$ @HOME HEALTH AGENCY 30.46 11.40 0 .00 \$.00 .000 \$.00 \$.00 NURSE ANESTHESIST 0 .00 \$.00 .000 \$.00 \$.00 NURSE MIDWIFE .00 \$.00 .00 PEDIATRIC NURSE PRACTITIONER .000 \$.00 \$ Ω 0 \$ FAMILY NURSE PRACTITIONER .00 \$.00 .000 \$.00 \$ 23 104 @TOTAL HOSPITAL 3,353.69 \$ 32.25 .638 \$ 145.81 \$ 20.57 876.00 HOSP INPATIENT TOTAL 1 0 .00 .000 876.00 5.37 .00 .00 .00 HSC HOSPITALS .000 .00 NON-HSC HOSPITAL TOTAL .00 .00 .000 .00 .00 .00 .00 .000 .00 . 00 ACCOMMODATIONS .00 .00 .000 .00 ADMINISTRATIVE DAYS .00 .00 TRANSITIONAL IP CARE .00 .000 .00 .00 .00 .000 .00 ALL OTHER ACCOM .00 0 .00 .00 .00 .000 ANCILLARIES .00 .000 .00 .000 23.82 .638 876.00 876.00 INPATIENT CROSSOVERS 5.37 0 Ω .00 .00 ALL OTHER INPATIENT .00 23 104 2,477.69 107.73 HOSP OUTPATIENT TOTAL 15.20 0 0 .00 .00 MEDICAL .00 .000 .00 1 62.00 .006 .38 SURGERY 62.00 62.00 23.05 11.53 62.00 62.00 PATHOLOGY .012 11.53

| RADIOLOGY | 1 | 1 | 69.24 | 69.24 | .006 | 69.24 | .42 |
|-----------------------------|--------------------------|-------------|----------------------|--------------|-------------|--------------|------------|
| ROOM USE | 1 | 1 | 148.76 | 148.76 | .006 | 148.76 | .91 |
| CROSSOVERS/ALL OTH OUTPINT | 19 | 99 | 2,174.64 | 21.97 | .607 | 114.45 | 13.34 |
| @COUNTY HOSPITAL TOTAL | 0 | 0 \$ | .00 | \$.00 | .000 | \$.00 | \$.00 |
| CO HOSPITAL INPATIENT TOTAL | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| HSC HOSPITALS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| NON-HSC HOSPITALS TOTAL | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ACCOMMODATIONS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ADMINISTRATIVE DAYS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| TRANSITIONAL IP CARE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER ACCOM | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ANCILLARIES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| INPATIENT CROSSOVERS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER INPATIENT | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| CO HOSP OUTPATIENT TOTAL | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| MEDICAL | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| SURGERY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PATHOLOGY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| RADIOLOGY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ROOM USE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| CROSSOVERS/ALL OTH OUTPTNT | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| #CALIF DEPT OF HEALTH SERV | MEDI-CAL SERVICES AND EX | XPENDITURES | MONTH-OF-PAYMENT REI | PORT FOR JAN | 2004 THRU D | EC 2004 | PAGE 1,023 |
| MOP024 | FEE-FOR-SERVICE/DENTAL | | | | | | 03/14/05 |
| BUTTE COUNTY | SUMMARY OF SERVICES FOR | IN HOME S | UPPORT - BLIND | AID CODE | 28 | | |
| | | | | | MO | NTHLY AVERAG | E |

| | | | | | | Ivi | ONT. | HLI AVEKA | GĽ | |
|-----------------------------|-------|------------------|-------------------------|-----|-----------|-----------|------|-----------|----|----------|
| 163 ELIGIBLES | USERS | UNITS OF SERVICE | EXPENDITURES | AVE | RAGE COST | UNITS/DAY | S | COST PER | | COST PER |
| | | OR DAYS OF CARE | | PER | UNIT/DAY | PER ELIG | | USER | | ELIGIBLE |
| @COMMUNITY HOSPITAL TOTAL | 23 | 104 | \$ 3 , 353.69 | \$ | 32.25 | .638 | \$ | 145.81 | \$ | 20.57 |
| COMM HOSP INPATIENT TOTAL | 1 | 0 | 876.00 | | .00 | .000 | | 876.00 | | 5.37 |
| HSC HOSPITALS | 0 | 0 | .00 | | .00 | .000 | | .00 | | .00 |
| NON-HSC HOSPITALS TOTAL | 0 | 0 | .00 | | .00 | .000 | | .00 | | .00 |
| ACCOMMODATIONS | 0 | 0 | .00 | | .00 | .000 | | .00 | | .00 |
| ADMINISTRATIVE DAYS | 0 | 0 | .00 | | .00 | .000 | | .00 | | .00 |
| TRANSITIONAL IP CARE | 0 | 0 | .00 | | .00 | .000 | | .00 | | .00 |
| ALL OTHER ACCOM | 0 | 0 | .00 | | .00 | .000 | | .00 | | .00 |
| ANCILLARIES | 0 | 0 | .00 | | .00 | .000 | | .00 | | .00 |
| INPATIENT CROSSOVERS | 1 | 0 | 876.00 | | .00 | .000 | | 876.00 | | 5.37 |
| ALL OTHER INPATIENT | 0 | 0 | .00 | | .00 | .000 | | .00 | | .00 |
| COMM HOSP OUTPATIENT TOTAL | 23 | 104 | 2,477.69 | | 23.82 | .638 | | 107.73 | | 15.20 |
| MEDICAL | 0 | 0 | .00 | | .00 | .000 | | .00 | | .00 |
| SURGERY | 1 | 1 | 62.00 | | 62.00 | .006 | | 62.00 | | .38 |
| PATHOLOGY | 2 | 2 | 23.05 | | 11.53 | .012 | | 11.53 | | .14 |
| RADIOLOGY | 1 | 1 | 69.24 | | 69.24 | .006 | | 69.24 | | .42 |
| ROOM USE | 1 | 1 | 148.76 | | 148.76 | .006 | | 148.76 | | .91 |
| CROSSOVERS/ALL OTH OUTPINT | 19 | 99 | 2,174.64 | | 21.97 | .607 | | 114.45 | | 13.34 |
| @STATE HOSPITAL | 0 | 0 | \$.00 | \$ | .00 | .000 | \$ | .00 | \$ | .00 |
| MENTALLY ILL | 0 | 0 | .00 | | .00 | .000 | | .00 | | .00 |
| DEVELOP. DISABLED | 0 | 0 | .00 | | .00 | .000 | | .00 | | .00 |
| @NURSING FACILITY | 0 | 0 | \$.00 | \$ | .00 | .000 | \$ | .00 | \$ | .00 |
| LEV A-INTERMEDIATE | 0 | 0 | .00 | | .00 | .000 | | .00 | | .00 |
| LEV B-REHAB MD | 0 | 0 | .00 | | .00 | .000 | | .00 | | .00 |
| LEV B-SUBACUTE FREESTANDING | 0 | 0 | .00 | | .00 | .000 | | .00 | | .00 |
| LEV B-SUBACUTE HSPTL BASED | 0 | 0 | .00 | | .00 | .000 | | .00 | | .00 |
| LEV B-TRANSITIONAL IP CARE | 0 | 0 | .00 | | .00 | .000 | | .00 | | .00 |
| LEV B-REGULAR | 0 | 0 | .00 | | .00 | .000 | | .00 | | .00 |
| @INTERMEDIATE CARE FACILDD | 0 | 0 | \$.00 | \$ | .00 | .000 | \$ | .00 | \$ | .00 |
| | | | | | | | | | | |

| ICF DDH | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
|------------------------------|--------------------------|-----------|-----------|------------|--------|--------------|------|-----|--------|----|-----------|
| ICF DD | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| ICF DDN/DDCN | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| @HEMODIALYSIS TOTAL | 11 | 13 | \$ | 5,850.21 | \$ | 450.02 | .080 | \$ | 531.84 | \$ | 35.89 |
| HOSPITAL BASED | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| HEMODIALYSIS CENTER | 11 | 13 | | 5,850.21 | | 450.02 | .080 | | 531.84 | | 35.89 |
| @REHABILITATION FACILITY | 1 | 1 | \$ | 21.19 | \$ | 21.19 | .006 | \$ | 21.19 | \$ | .13 |
| HOSPITAL BASED | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| INDEPENDENT FACILITY | 1 | 1 | | 21.19 | | 21.19 | .006 | | 21.19 | | .13 |
| @LABORATORY FACILITY | 5 | 19 | \$ | 172.70 | \$ | 9.09 | .117 | \$ | 34.54 | \$ | 1.06 |
| PATHOLOGY | 4 | 17 | | 165.47 | | 9.73 | .104 | | 41.37 | | 1.02 |
| XO AND OTHERS | 1 | 2 | | 7.23 | | 3.62 | .012 | | 7.23 | | .04 |
| @ORGANIZED OUTPATIENT CLINIC | 18 | 27 | \$ | 1,507.22 | \$ | 55.82 | .166 | \$ | 83.73 | \$ | 9.25 |
| CLINIC | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| SURGICENTER | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| HEROIN DETOX CLINIC | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| RURAL HEALTH CLINIC | 18 | 27 | | 1,507.22 | | 55.82 | .166 | | 83.73 | | 9.25 |
| #CALIF DEPT OF HEALTH SERV | MEDI-CAL SERVICES AND EX | KPENDITUF | ES MONTH- | OF-PAYMENT | REPORT | FOR JAN 2004 | THRU | DEC | 2004 | PF | AGE 1,024 |
| MOP024 | FEE-FOR-SERVICE/DENTAL | | | | | | | | | | 03/14/05 |
| BUTTE COUNTY | SUMMARY OF SERVICES FOR | IN HOME | SUPPORT | - BLIND | | AID CODE 28 | | | | | |

----- MONTHLY AVERAGE -----163 ELIGIBLES EXPENDITURES USERS UNITS OF SERVICE AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE 51 12,690.35 1.552 \$ @ALL OTHER PROVIDERS 253 50.16 248.83 \$ 77.85 DURABLE MED. EQUIP. 2 4 262.52 65.63 .025 131.26 1.61 BLOOD BANK 0 .00 .00 .000 .00 .00 74.68 170.69 HEARING AID DISPENSERS 16 1,194.81 .098 7.33 37.50 2.39 MEDICAL TRANSPORTATION 47 112.51 .288 .69 AMBULANCES/AIR TRANS 0 .00 .00 .000 .00 42 OTHER TRANS 110.72 2.64 .258 55.36 .68 5 OTHER SERVICES 1.79 .36 .031 1.79 .01 ACUPUNCTURE 32.44 16.22 .012 16.22 75 1043.70 ADULT DAY HEALTH CARE CTR 5,218.50 69.58 .460 32.02 GENETIC DISEASE TESTING .00 .00 .000 .00 .00 5,325.78 108.69 .301 380.41 32.67 IHMC, MODEL-NF, NF, AIDS, MSSP OCCUPATIONAL THERAPIST 0 .00 .00 .000 .00 .00 21.36 OPTICIAN 4 42.72 10.68 .025 .26 .00 .00 .00 PHYSICAL THERAPIST .000 PORTABLE X-RAY .00 .00 .00 .000 .00 PROSTHETIST/ORTHOTISTS .00 .00 .000 .00 .00 .00 .00 .00 PROSTHETICS .000 ORTHOTICS .00 .00 .00 .000 .00 PSYCHOLOGIST .00 .00 .000 .00 .00 .00 .00 .00 SPEECH AND AUDIOLOGY .000 .00 HOSPICE SERVICES .00 .00 .000 .00 .00 .00 .00 NONINST BIRTHING CENTERS .00 .000 .00 .00 .00 LOCAL EDUCATION AGENCIES .000 EPSDT SUPPLEMENTAL SERVICE .00 .00 .000 .00 .00 RESPIRATORY CARE PRACT. .00 .00 .00 .000 .00 .00 PED SUBACUTE REHAB/WEANING 0 .00 .00 .000 .00 ALL OTHER PROVIDERS 501.07 8.95 25.05 56 .344 3.07 @CALIF. CHILDREN SERVICES* 194.92 \$ 97.46 .012 \$ 97.46 \$ 1.20 58 @XOVER EXCLUDING STATE HOSP** 10,674.06 \$ 35.70 1.834 \$ 184.04 \$ 65.49

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MOP024

PATHOLOGY

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 FEE-FOR-SERVICE/DENTAL

10.33

10.33

.001

10.33

PAGE 1,025

03/14/05

.01

1

| 1101 02 4 | THE FOR SHRVIC | D/ DUNIAL | | | | | | | 03/14/03 |
|----------------------------|----------------|-------------------|-------|----------------|--------------|------------|------------|----|----------|
| BUTTE COUNTY | SUMMARY OF SER | VICES FOR IN HOME | SUPPO | ORT - DISABLED | AID CODE | 68 | | | |
| | | | | | | MON | THLY AVERA | GE | |
| 1,058 ELIGIBLES | USERS | UNITS OF SERVICE | | EXPENDITURES | AVERAGE COST | UNITS/DAYS | COST PER | | COST PER |
| | | OR DAYS OF CARE | | | PER UNIT/DAY | PER ELIG | USER | | ELIGIBLE |
| @TOTAL, ALL PROVIDERS | 1,035 | 75,143 | \$ | 937,309.61 | \$ 12.47 | 71.024 \$ | 905.61 | \$ | 885.93 |
| @PHYSICIANS SERVICES | 213 | 521 | \$ | 12,253.13 | \$ 23.52 | .492 \$ | 57.53 | \$ | 11.58 |
| OUTPATIENT VISITS | 28 | 32 | | 1,122.37 | 35.07 | .030 | 40.08 | | 1.06 |
| OFFICE VISITS | 24 | 26 | | 916.83 | 35.26 | .025 | 38.20 | | .87 |
| HOME VISITS | 0 | 0 | | .00 | .00 | .000 | .00 | | .00 |
| EMERGENCY ROOM | 0 | 0 | | .00 | .00 | .000 | .00 | | .00 |
| PREVENTIVE CARE | 0 | 0 | | .00 | .00 | .000 | .00 | | .00 |
| OB VISITS/COMPRE PERI | 0 | 0 | | .00 | .00 | .000 | .00 | | .00 |
| OTHER OUTPATIENT | 6 | 6 | | 205.54 | 34.26 | .006 | 34.26 | | .19 |
| INPATIENT VISITS | 3 | 8 | | 396.10 | 49.51 | .008 | 132.03 | | .37 |
| HOSPITAL VISITS | 3 | 8 | | 396.10 | 49.51 | .008 | 132.03 | | .37 |
| CRITICAL CARE | 0 | 0 | | .00 | .00 | .000 | .00 | | .00 |
| SNF/ICF/TRANS IP CARE | 0 | 0 | | .00 | .00 | .000 | .00 | | .00 |
| OPHTHALMOLOGICAL SERVICES | 2 | 2 | | 80.29 | 40.15 | .002 | 40.15 | | .08 |
| EXAMINATIONS | 2 | 2 | | 80.29 | 40.15 | .002 | 40.15 | | .08 |
| SERVICES AND MATERIALS | 0 | 0 | | .00 | .00 | .000 | .00 | | .00 |
| INPATIENT HOSPITAL SURGERY | 0 | 0 | | .00 | .00 | .000 | .00 | | .00 |
| PRINCIPAL SURGEON | 0 | 0 | | .00 | .00 | .000 | .00 | | .00 |
| ASSISTANT SURGEON | 0 | 0 | | .00 | .00 | .000 | .00 | | .00 |
| ANESTHESIOLOGIST | 0 | 0 | | .00 | .00 | .000 | .00 | | .00 |
| OUTPATIENT SURGERY | 7 | 20 | | 540.77 | 27.04 | .019 | 77.25 | | .51 |
| PRINCIPAL SURGEON | 5 | 6 | | 237.74 | 39.62 | .006 | 47.55 | | .22 |
| ASSISTANT SURGEON | 0 | 0 | | .00 | .00 | .000 | .00 | | .00 |
| ANESTHESIOLOGIST | 2 | 14 | | 303.03 | 21.65 | .013 | 151.52 | | .29 |
| DIALYSIS | 0 | 0 | | .00 | .00 | .000 | .00 | | .00 |
| | | | | | | | | | |

1

| RADIOLOGY | 10 | 13 | | 950.07 | | 73.08 | .012 | | 95.01 | | .90 |
|----------------------------|--------------------------|-----------------|-----------|---------------|-------|----------|-----------|-----|---------|----|-----------|
| PSYCHIATRY | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| IMMUNIZATION AND INJECTION | 3 | 13 | | 3,051.48 | | 234.73 | .012 | | 1017.16 | | 2.88 |
| OTHER SERVICES/ALL X-OVERS | 177 | 432 | | 6,101.72 | | 14.12 | .408 | | 34.47 | | 5.77 |
| @PHARMACY | 858 | 18,633 | \$ | 651,974.15 | \$ | 13.41 | 45.967 | \$ | 759.88 | \$ | 616.23 |
| PRESCRIPTION DRUGS | 831 | 5,706 | | 628,510.42 | | 110.15 | 5.393 | | 756.33 | | 594.06 |
| SNF/ICF | 11 | 47 | | 9,546.46 | | 203.12 | .044 | | 867.86 | | 9.02 |
| OUTPATIENTS | 822 | 5,659 | | 618,963.96 | | 109.38 | 5.349 | | 753.00 | | 585.03 |
| MEDICAL SUPPLIES | 237 | 12 , 927 | | 23,463.73 | | .55 | 40.574 | | 99.00 | | 22.18 |
| @DENTIST | 18 | 104 | \$ | 4,975.40 | \$ | 47.84 | .098 | \$ | 276.41 | \$ | 4.70 |
| VISITS - DIAGNOSTIC | 11 | 56 | | 835.00 | | 14.91 | .053 | | 75.91 | | .79 |
| ORAL SURGERY | 3 | 24 | | 1,653.00 | | 68.88 | .023 | | 551.00 | | 1.56 |
| DRUGS | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| ANESTHESIA | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| PERIODONTICS | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| ENDODONTICS | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| RESTORATIVE DENTISTRY | 6 | 18 | | 1,442.40 | | 80.13 | .017 | | 240.40 | | 1.36 |
| PROSTHETICS | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| DENTURES, STAYPLATES | 1 | 2 | | 900.00 | | 450.00 | .002 | | 900.00 | | .85 |
| SPACE MAINTAINERS | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| MAXILLOFACIAL SERVICES | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| FRACTURES, DISLOCATIONS | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| ORTHODONTIC SERVICES | 2 | 2 | | 70.00 | | 35.00 | .002 | | 35.00 | | .07 |
| ALL OTHER SERVICES | 2 | 2 | | 75.00 | | 37.50 | .002 | | 37.50 | | .07 |
| #CALIF DEPT OF HEALTH SERV | MEDI-CAL SERVICES AND EX | KPENDITUR | ES MONTH- | OF-PAYMENT RE | EPORT | FOR JAN | 2004 THRU | DEC | 2004 | PI | AGE 1,026 |
| MOP024 | FEE-FOR-SERVICE/DENTAL | | | | | | | | | | 03/14/05 |
| BUTTE COUNTY | SUMMARY OF SERVICES FOR | IN HOME | SUPPORT | - DISABLED | | AID CODE | E 68 | | | | |

| | | | | | | | M | ONT | HLY AVERA | GE. | |
|------------------------------|-------|------------------|----|-------------------|----|------------|-----------|-----|-----------|-----|----------|
| 1,058 ELIGIBLES | USERS | UNITS OF SERVICE | E | EXPENDITURES | ΑV | ERAGE COST | UNITS/DAY | S | COST PER | | COST PER |
| | | OR DAYS OF CAR | E | | PE | R UNIT/DAY | PER ELIG | | USER | | ELIGIBLE |
| @OPTOMETRIST | 28 | 74 | \$ | 1,267.09 | \$ | 17.12 | .070 | \$ | 45.25 | \$ | 1.20 |
| DIAGNOSTIC AND ANC. PROCED | 4 | 4 | | 189.80 | | 47.45 | .004 | | 47.45 | | .18 |
| EYE APPLIANCES | 22 | 62 | | 950.02 | | 15.32 | .059 | | 43.18 | | .90 |
| OTHER OPTOMETRIC SERVICES | 6 | 8 | | 127.27 | | 15.91 | .008 | | 21.21 | | .12 |
| @CHIROPRACTOR | 0 | 0 | \$ | .00 | \$ | .00 | .000 | \$ | .00 | \$ | .00 |
| VISITS | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| OTHER SERVICES | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| @PODIATRIST | 17 | 30 | \$ | 287.03 | \$ | 9.57 | .028 | \$ | 16.88 | \$ | .27 |
| MEDICINE/INJECTIONS | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| SURGERY/ANES. | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| RADIO./PATHOLOGY | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| OTHER | 17 | 30 | | 287.03 | | 9.57 | .028 | | 16.88 | | .27 |
| @HOME HEALTH AGENCY | 4 | 6 | \$ | 404.43 | \$ | 67.41 | .006 | \$ | 101.11 | \$ | .38 |
| NURSE ANESTHESIST | 0 | 0 | \$ | .00 | \$ | .00 | .000 | \$ | .00 | \$ | .00 |
| NURSE MIDWIFE | 1 | 2 | \$ | 48.37 | \$ | 24.19 | .002 | \$ | 48.37 | \$ | .05 |
| PEDIATRIC NURSE PRACTITIONER | 0 | 0 | \$ | .00 | \$ | .00 | .000 | \$ | .00 | \$ | .00 |
| FAMILY NURSE PRACTITIONER | 0 | 0 | \$ | .00 | \$ | .00 | .000 | \$ | .00 | \$ | .00 |
| @TOTAL HOSPITAL | 237 | 1,065 | \$ | 44,730.04 | \$ | 42.00 | 1.007 | \$ | 188.73 | \$ | 42.28 |
| HOSP INPATIENT TOTAL | 22 | 3 | | 21,857.18 | | 7285.73 | .003 | | 993.51 | | 20.66 |
| HSC HOSPITALS | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| NON-HSC HOSPITAL TOTAL | 1 | 3 | | 3 , 256.89 | | 1085.63 | .003 | | 3256.89 | | 3.08 |
| ACCOMMODATIONS | 1 | 3 | | 1,387.65 | | 462.55 | .003 | | 1387.65 | | 1.31 |
| ADMINISTRATIVE DAYS | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| TRANSITIONAL IP CARE | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| ALL OTHER ACCOM | 1 | 3 | | 1,387.65 | | 462.55 | .003 | | 1387.65 | | 1.31 |
| ANCILLARIES | 1 | 0 | | 1,869.24 | | .00 | .000 | | 1869.24 | | 1.77 |

| MORE PROPERTIEST TOTAL | INPATIENT CROSSOVERS | 21 | 0 | 18,600.29 | .00 | .000 | 885.73 | 17.58 |
|---|---|--|--|---|---|--|--|--|
| SURGERY | | | | | | | | |
| STOCKEY 3 | | | • | | | | | |
| PATHOLOGY | | | | | | | | |
| ROCH USE 1 | | | | | | | | |
| COMMUNITY 195 195 195 19,376.59 | | | | | | | | |
| COUNTY MOSPITAL INDEX | | | | | | | | |
| COUNTY HOSPITAL TOTAL | | | | • | | | | |
| CO COSPITAL INPATIENT TOTAL | | | | | | | | |
| NON-HSC HOSPITALS TOTAL | | | | | · | | | |
| NON-HISC HOSPITALS TOTAL | | | | | | | | |
| ACCOMMODATIONS 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 | | - | | | .00 | | | .00 |
| ANNISISTRATIVE DAYS 0 0 0 0.00 .00 .00 .00 .00 .00 .00 .00 | NON-HSC HOSPITALS TOTAL | - | 0 | | .00 | .000 | .00 | .00 |
| TRANSITIONAL TE CARE 0 0 0 0.00 .00 .00 .00 .00 .00 .00 .00 | ACCOMMODATIONS | • | 0 | | .00 | .000 | .00 | .00 |
| ALL OTHER ACCOM 0 0 0 0.00 0.00 0.00 0.00 0.00 0.00 1.00 | ADMINISTRATIVE DAYS | 0 | 0 | | .00 | .000 | | .00 |
| ANCILLARIES 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 | TRANSITIONAL IP CARE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| INPATIENT CROSSOVERS | ALL OTHER ACCOM | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER INFATIENT | ANCILLARIES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| COMMONITY HOSPITAL TOTAL | INPATIENT CROSSOVERS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| MEDICAL 0 0 0 0.00 .00 .00 .00 .00 .00 .00 .00 | ALL OTHER INPATIENT | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| MEDICAL 0 0 0 0.00 .00 .00 .00 .00 .00 .00 .00 | CO HOSP OUTPATIENT TOTAL | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| SURGERY 0 | | 0 | 0 | .00 | .00 | | .00 | |
| PATHOLOGY | | 0 | 0 | .00 | .00 | .000 | .00 | |
| RADIOLOGY | | 0 | 0 | | | | | |
| ROOM USE | | 0 | 0 | | | | | |
| CROSSOVERS/ALL OTH OUTFITN COUNTY MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 1,027 03/14/05 | | 0 | 0 | | | | | |
| #CALIF DEPT OF HEALTH SERV MODI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 1,027 MOY024 FEE-FOR-SERVICE/DENTAL SUMMARY OF SERVICE FOR IN HOME SUPPORT - DISABLED AID CODE 68 1,058 ELIGIBLES USERS UNITS OF SERVICE OR DAYS OF CARE OR DAYS OF CAR | | 0 | 0 | | | | | |
| MOPQ24 SUMMARY OF SERVICES FOR | | * | | | | | | |
| BUTTE COUNTY | | | | | dioni ion om | LOOI IIIKO DE | 2001 | |
| Table Tabl | | | | | | | | |
| 1,058 ELIGIBLES | | | | UPPORT - DISABLED | AID CODE | 68 | | 03/14/03 |
| COMMUNITY HOSPITAL TOTAL 237 1,065 44,730.04 42.00 1.007 1887.3 542.28 | | | | UPPORT - DISABLED | AID CODE | | THLY AVERA | |
| COMMINITY HOSPITAL TOTAL 237 | BUTTE COUNTY | SUMMARY OF SERV | ICES FOR IN HOME S | | | MON | | .GE |
| COMM HOSP INPATIENT TOTAL 22 3 21,857.18 7285.73 .003 993.51 20.66 HSC HOSPITALS 0 | BUTTE COUNTY | SUMMARY OF SERV | ICES FOR IN HOME S UNITS OF SERVICE | | AVERAGE COST | MON UNITS/DAYS | COST PER | GE COST PER |
| HSC HOSPITALS | BUTTE COUNTY 1,058 ELIGIBLES | SUMMARY OF SERV USERS | ICES FOR IN HOME S UNITS OF SERVICE OR DAYS OF CARE | EXPENDITURES | AVERAGE COST PER UNIT/DAY | MON UNITS/DAYS PER ELIG | COST PER USER | GE COST PER ELIGIBLE |
| NON-HSC HOSPITALS TOTAL 1 3 3,256.89 1085.63 .003 3256.89 3.08 ACCOMMODATIONS 1 3 1,387.65 462.55 .003 1387.65 1.31 ADMINISTRATIVE DAYS 0 0 0 .00 .00 .00 .00 .00 TRANSITIONAL IP CARE 0 0 0 .00 .00 .00 .00 .00 ALL OTHER ACCOM 1 3 1,387.65 462.55 .003 1387.65 1.31 ANCILLARIES 1 0 1869.24 .00 .00 .00 1869.24 1.77 INPATIENT CROSSOVERS 21 0 18,600.29 .00 .00 .00 885.73 17.58 ALL OTHER INPATIENT 0 0 .00 .00 .00 .00 .00 COMM HOSP OUTPATIENT TOTAL 229 1,062 22,872.86 21.54 1.004 99.88 21.62 MEDICAL 13 19 1,141.00 60.05 .018 87.77 1.08 SURGERY 3 3 91.14 30.38 .003 30.38 .09 PATHOLOGY 27 57 1,044.56 18.33 .054 38.69 .99 RADIOLOGY 1 1 23.24 23.24 .001 23.24 .02 ROOM USE 18 27 1,94.56 18.33 .054 38.69 .99 RADIOLOGY 1 1 23.24 23.24 .001 23.24 .02 ROOSOVERS/ALL OTH OUTPTNT 195 955 19,376.59 20.29 .903 99.37 18.31 @STATE HOSPITAL 0 0 0 .00 .00 .00 .00 ENURSING FACILITY 7 168 21,844.80 130.03 .159 3120.69 20.65 | BUTTE COUNTY 1,058 ELIGIBLES @COMMUNITY HOSPITAL TOTAL | SUMMARY OF SERV USERS 237 | UNITS OF SERVICE OR DAYS OF CARE 1,065 \$ | EXPENDITURES 44,730.04 | AVERAGE COST PER UNIT/DAY \$ 42.00 | MON UNITS/DAYS PER ELIG 1.007 \$ | COST PER USER 188.73 | GE COST PER ELIGIBLE \$ 42.28 |
| ACCOMMODATIONS 1 3 1,387.65 462.55 .003 1387.65 1.31 ADMINISTRATIVE DAYS 0 0 0 .00 .00 .00 .00 .00 .00 .00 TRANSITIONAL IP CARE 0 0 0 .00 .00 .00 .00 .00 .00 .00 .00 | BUTTE COUNTY 1,058 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL | SUMMARY OF SERV USERS 237 22 | UNITS OF SERVICE OR DAYS OF CARE 1,065 \$ | EXPENDITURES 44,730.04 21,857.18 | AVERAGE COST PER UNIT/DAY \$ 42.00 7285.73 | MON UNITS/DAYS PER ELIG 1.007 \$.003 | COST PER USER 188.73 993.51 | GE COST PER ELIGIBLE \$ 42.28 20.66 |
| ADMINISTRATIVE DAYS 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 | BUTTE COUNTY 1,058 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS | SUMMARY OF SERV USERS 237 22 | UNITS OF SERVICE OR DAYS OF CARE 1,065 \$ | EXPENDITURES 44,730.04 21,857.18 .00 | AVERAGE COST PER UNIT/DAY \$ 42.00 7285.73 .00 | MON UNITS/DAYS PER ELIG 1.007 \$.003 .000 | COST PER USER 188.73 993.51 .00 | COST PER ELIGIBLE \$ 42.28 20.66 .00 |
| TRANSITIONAL IP CARE 0 0 0 0 .00 .00 .00 .00 .00 .00 .00 .0 | BUTTE COUNTY 1,058 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL | SUMMARY OF SERV USERS 237 22 0 1 | UNITS OF SERVICE OR DAYS OF CARE 1,065 \$ | EXPENDITURES 44,730.04 21,857.18 .00 3,256.89 | AVERAGE COST PER UNIT/DAY \$ 42.00 7285.73 .00 1085.63 | MON UNITS/DAYS PER ELIG 1.007 \$.003 .000 | COST PER USER 188.73 993.51 .00 3256.89 | COST PER ELIGIBLE \$ 42.28 20.66 .00 3.08 |
| ALL OTHER ACCOM 1 3 1,387.65 462.55 .003 1387.65 1.31 ANCILIARIES 1 0 1,869.24 .00 .000 1869.24 1.77 INPATIENT CROSSOVERS 21 0 18,600.29 .00 .000 885.73 17.58 ALL OTHER INPATIENT 0 0 0 .00 .000 .000 .000 .000 .000 .0 | BUTTE COUNTY 1,058 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS | SUMMARY OF SERV USERS 237 22 0 1 | UNITS OF SERVICE OR DAYS OF CARE 1,065 \$ | EXPENDITURES 44,730.04 21,857.18 .00 3,256.89 1,387.65 | AVERAGE COST PER UNIT/DAY \$ 42.00 7285.73 .00 1085.63 462.55 | MON UNITS/DAYS PER ELIG 1.007 \$.003 .000 .003 .003 | COST PER USER 188.73 993.51 .00 3256.89 1387.65 | COST PER ELIGIBLE \$ 42.28 20.66 .00 3.08 1.31 |
| ANCILLARIES 1 0 1,869.24 .00 .000 1869.24 1.77 INPATIENT CROSSOVERS 21 0 18,600.29 .00 .000 885.73 17.58 ALL OTHER INPATIENT 0 0 0 .00 .00 .000 .000 .000 .000 .00 | BUTTE COUNTY 1,058 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS | SUMMARY OF SERV USERS 237 22 0 1 1 0 | UNITS OF SERVICE OR DAYS OF CARE 1,065 \$ 0 3 0 3 0 | EXPENDITURES 44,730.04 21,857.18 .00 3,256.89 1,387.65 .00 | AVERAGE COST PER UNIT/DAY \$ 42.00 7285.73 .00 1085.63 462.55 .00 | MON UNITS/DAYS PER ELIG 1.007 \$.003 .000 .003 .003 .000 | COST PER USER 188.73 993.51 .00 3256.89 1387.65 .00 | COST PER ELIGIBLE \$ 42.28 20.66 .00 3.08 1.31 .00 |
| INPATIENT CROSSOVERS 21 0 18,600.29 .00 .000 885.73 17.58 ALL OTHER INPATIENT 0 0 0 .00 .00 .00 .00 .00 .00 COMM HOSP OUTPATIENT TOTAL 229 1,062 22,872.86 21.54 1.004 99.88 21.62 MEDICAL 13 19 1,141.00 60.05 .018 87.77 1.08 SURGERY 3 3 3 91.14 30.38 .003 30.38 .09 PATHOLOGY 27 57 1,044.56 18.33 .054 38.69 .99 RADIOLOGY 1 1 1 23.24 23.24 .001 23.24 .02 ROOM USE 18 27 1,196.33 44.31 .026 66.46 1.13 CROSSOVERS/ALL OTH OUTPINT 195 955 19,376.59 20.29 .903 99.37 18.31 @STATE HOSPITAL 0 0 0 \$.00 \$.00 \$.00 MENTALLY ILL 0 0 0 0 .00 .00 .00 DEVELOP. DISABLED 0 0 0 .00 .00 .00 @NURSING FACILITY 7 168 \$ 21,844.80 \$ 130.03 .159 \$ 3120.69 \$ 20.65 | BUTTE COUNTY 1,058 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE | SUMMARY OF SERV USERS 237 22 0 1 1 0 | UNITS OF SERVICE OR DAYS OF CARE 1,065 \$ 0 3 0 3 0 0 | EXPENDITURES 44,730.04 21,857.18 .00 3,256.89 1,387.65 .00 .00 | AVERAGE COST PER UNIT/DAY \$ 42.00 7285.73 .00 1085.63 462.55 .00 .00 | MON UNITS/DAYS PER ELIG 1.007 \$.003 .000 .003 .003 .000 .003 | COST PER USER 188.73 993.51 .00 3256.89 1387.65 .00 | COST PER ELIGIBLE \$ 42.28 20.66 .00 3.08 1.31 .00 .00 |
| ALL OTHER INPATIENT 0 0 0 0 .00 .00 .00 .00 .00 .00 .00 .0 | BUTTE COUNTY 1,058 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM | SUMMARY OF SERV USERS 237 22 0 1 1 0 0 0 1 | UNITS OF SERVICE OR DAYS OF CARE 1,065 \$ 0 3 0 3 0 0 | EXPENDITURES 44,730.04 21,857.18 .00 3,256.89 1,387.65 .00 .00 1,387.65 | AVERAGE COST PER UNIT/DAY \$ 42.00 7285.73 .00 1085.63 462.55 .00 .00 462.55 | MON UNITS/DAYS PER ELIG 1.007 \$.003 .000 .003 .003 .000 .000 .000 | COST PER USER 188.73 993.51 .00 3256.89 1387.65 .00 .00 1387.65 | COST PER ELIGIBLE \$ 42.28 20.66 .00 3.08 1.31 .00 .00 1.31 |
| COMM HOSP OUTPATIENT TOTAL 229 1,062 22,872.86 21.54 1.004 99.88 21.62 MEDICAL 13 19 1,141.00 60.05 .018 87.77 1.08 SURGERY 3 3 91.14 30.38 .003 30.38 .09 PATHOLOGY 27 57 1,044.56 18.33 .054 38.69 .99 RADIOLOGY 1 1 23.24 23.24 .001 23.24 .02 ROOM USE 18 27 1,196.33 44.31 .026 66.46 1.13 CROSSOVERS/ALL OTH OUTPTNT 195 955 19,376.59 20.29 .903 99.37 18.31 @STATE HOSPITAL 0 0 0 .00 .00 .00 .00 .00 MENTALLY ILL 0 0 .00 .00 .00 .00 .00 .00 DEVELOP. DISABLED 0 0 .00 .00 .00 .00 <t< td=""><td>BUTTE COUNTY 1,058 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES</td><td>SUMMARY OF SERV USERS 237 22 0 1 1 0 0 0 1 1</td><td>UNITS OF SERVICE OR DAYS OF CARE 1,065 \$ 0 3 0 3 0 0</td><td>EXPENDITURES 44,730.04 21,857.18 .00 3,256.89 1,387.65 .00 .00 1,387.65 1,869.24</td><td>AVERAGE COST PER UNIT/DAY \$ 42.00 7285.73 .00 1085.63 462.55 .00 .00 462.55 .00</td><td> MON UNITS/DAYS PER ELIG 1.007 \$.003 .000 .003 .000 .003 .000 .000 .00</td><td>COST PER USER 188.73 993.51 .00 3256.89 1387.65 .00 .00 1387.65 1869.24</td><td>COST PER ELIGIBLE \$ 42.28 20.66 .00 3.08 1.31 .00 .00 1.31 1.77</td></t<> | BUTTE COUNTY 1,058 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES | SUMMARY OF SERV USERS 237 22 0 1 1 0 0 0 1 1 | UNITS OF SERVICE OR DAYS OF CARE 1,065 \$ 0 3 0 3 0 0 | EXPENDITURES 44,730.04 21,857.18 .00 3,256.89 1,387.65 .00 .00 1,387.65 1,869.24 | AVERAGE COST PER UNIT/DAY \$ 42.00 7285.73 .00 1085.63 462.55 .00 .00 462.55 .00 | MON UNITS/DAYS PER ELIG 1.007 \$.003 .000 .003 .000 .003 .000 .000 .00 | COST PER USER 188.73 993.51 .00 3256.89 1387.65 .00 .00 1387.65 1869.24 | COST PER ELIGIBLE \$ 42.28 20.66 .00 3.08 1.31 .00 .00 1.31 1.77 |
| MEDICAL 13 19 1,141.00 60.05 .018 87.77 1.08 SURGERY 3 3 91.14 30.38 .003 30.38 .09 PATHOLOGY 27 57 1,044.56 18.33 .054 38.69 .99 RADIOLOGY 1 1 23.24 23.24 .001 23.24 .02 ROOM USE 18 27 1,196.33 44.31 .026 66.46 1.13 CROSSOVERS/ALL OTH OUTPTNT 195 955 19,376.59 20.29 .903 99.37 18.31 @STATE HOSPITAL 0 0 \$.00 \$.00 \$.00 \$.00 \$.00 | BUTTE COUNTY 1,058 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS | SUMMARY OF SERV USERS 237 22 0 1 1 0 0 1 1 1 21 | UNITS OF SERVICE OR DAYS OF CARE 1,065 \$ 3 0 3 0 3 3 0 0 0 0 | EXPENDITURES 44,730.04 21,857.18 .00 3,256.89 1,387.65 .00 .00 1,387.65 1,869.24 18,600.29 | AVERAGE COST PER UNIT/DAY \$ 42.00 7285.73 .00 1085.63 462.55 .00 .00 462.55 .00 .00 | MON UNITS/DAYS PER ELIG 1.007 \$.003 .000 .003 .000 .000 .000 .000 .00 | COST PER USER 188.73 993.51 .00 3256.89 1387.65 .00 .00 1387.65 1869.24 885.73 | COST PER ELIGIBLE \$ 42.28 20.66 .00 3.08 1.31 .00 .00 1.31 1.77 17.58 |
| SURGERY 3 3 91.14 30.38 .003 30.38 .09 PATHOLOGY 27 57 1,044.56 18.33 .054 38.69 .99 RADIOLOGY 1 1 23.24 23.24 .001 23.24 .02 ROOM USE 18 27 1,196.33 44.31 .026 66.46 1.13 CROSSOVERS/ALL OTH OUTPTNT 195 955 19,376.59 20.29 .903 99.37 18.31 @STATE HOSPITAL 0 0 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 <td>BUTTE COUNTY 1,058 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT</td> <td>SUMMARY OF SERV USERS 237 22 0 1 1 0 0 1 1 21 0</td> <td>UNITS OF SERVICE OR DAYS OF CARE 1,065 \$ 0 3 0 3 0 0 3 0 0 0</td> <td>EXPENDITURES 44,730.04 21,857.18 .00 3,256.89 1,387.65 .00 .00 1,387.65 1,869.24 18,600.29 .00</td> <td>AVERAGE COST PER UNIT/DAY \$ 42.00 7285.73 .00 1085.63 462.55 .00 .00 462.55 .00 .00 .00</td> <td> MON UNITS/DAYS PER ELIG 1.007 \$.003 .000 .003 .003 .000 .000 .003 .000 .000 .000</td> <td>COST PER USER 188.73 993.51 .00 3256.89 1387.65 .00 .00 1387.65 1869.24 885.73</td> <td>COST PER ELIGIBLE \$ 42.28 20.66 .00 3.08 1.31 .00 .00 1.31 1.77 17.58 .00</td> | BUTTE COUNTY 1,058 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT | SUMMARY OF SERV USERS 237 22 0 1 1 0 0 1 1 21 0 | UNITS OF SERVICE OR DAYS OF CARE 1,065 \$ 0 3 0 3 0 0 3 0 0 0 | EXPENDITURES 44,730.04 21,857.18 .00 3,256.89 1,387.65 .00 .00 1,387.65 1,869.24 18,600.29 .00 | AVERAGE COST PER UNIT/DAY \$ 42.00 7285.73 .00 1085.63 462.55 .00 .00 462.55 .00 .00 .00 | MON UNITS/DAYS PER ELIG 1.007 \$.003 .000 .003 .003 .000 .000 .003 .000 .000 .000 | COST PER USER 188.73 993.51 .00 3256.89 1387.65 .00 .00 1387.65 1869.24 885.73 | COST PER ELIGIBLE \$ 42.28 20.66 .00 3.08 1.31 .00 .00 1.31 1.77 17.58 .00 |
| PATHOLOGY 27 57 1,044.56 18.33 .054 38.69 .99 RADIOLOGY 1 1 23.24 23.24 .001 23.24 .02 ROOM USE 18 27 1,196.33 44.31 .026 66.46 1.13 CROSSOVERS/ALL OTH OUTPTNT 195 955 19,376.59 20.29 .903 99.37 18.31 @STATE HOSPITAL 0 0 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 | BUTTE COUNTY 1,058 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL | SUMMARY OF SERV USERS 237 22 0 1 1 0 0 1 1 21 0 229 | UNITS OF SERVICE OR DAYS OF CARE 1,065 \$ 0 3 0 3 0 0 0 1,062 | EXPENDITURES 44,730.04 21,857.18 .00 3,256.89 1,387.65 .00 .00 1,387.65 1,869.24 18,600.29 .00 22,872.86 | AVERAGE COST PER UNIT/DAY \$ 42.00 7285.73 .00 1085.63 462.55 .00 .00 462.55 .00 .00 .00 .00 | MON UNITS/DAYS PER ELIG 1.007 \$.003 .000 .003 .000 .000 .000 .000 .00 | COST PER USER 188.73 993.51 .00 3256.89 1387.65 .00 .00 1387.65 1869.24 885.73 .00 99.88 | COST PER ELIGIBLE \$ 42.28 20.66 .00 3.08 1.31 .00 .00 1.31 1.77 17.58 .00 21.62 |
| RADIOLOGY 1 1 23.24 23.24 .001 23.24 .02 ROOM USE 18 27 1,196.33 44.31 .026 66.46 1.13 CROSSOVERS/ALL OTH OUTPINT 195 955 19,376.59 20.29 .903 99.37 18.31 @STATE HOSPITAL 0 0 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 <td>BUTTE COUNTY 1,058 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL</td> <td>SUMMARY OF SERV USERS 237 22 0 1 1 1 21 0 229 13</td> <td>UNITS OF SERVICE OR DAYS OF CARE 1,065 \$ 0 3 0 3 0 0 1,062</td> <td>EXPENDITURES 44,730.04 21,857.18 .00 3,256.89 1,387.65 .00 .00 1,387.65 1,869.24 18,600.29 .00 22,872.86 1,141.00</td> <td>AVERAGE COST PER UNIT/DAY \$ 42.00 7285.73 .00 1085.63 462.55 .00 .00 462.55 .00 .00 .00 .21.54 .60.05</td> <td> MON UNITS/DAYS PER ELIG 1.007 \$.003 .000 .003 .000 .000 .000 .000 .00</td> <td>COST PER USER 188.73 993.51 .00 3256.89 1387.65 .00 .00 1387.65 1869.24 885.73 .00 99.88 87.77</td> <td>COST PER ELIGIBLE \$ 42.28 20.66 .00 3.08 1.31 .00 .00 1.31 1.77 17.58 .00 21.62 1.08</td> | BUTTE COUNTY 1,058 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL | SUMMARY OF SERV USERS 237 22 0 1 1 1 21 0 229 13 | UNITS OF SERVICE OR DAYS OF CARE 1,065 \$ 0 3 0 3 0 0 1,062 | EXPENDITURES 44,730.04 21,857.18 .00 3,256.89 1,387.65 .00 .00 1,387.65 1,869.24 18,600.29 .00 22,872.86 1,141.00 | AVERAGE COST PER UNIT/DAY \$ 42.00 7285.73 .00 1085.63 462.55 .00 .00 462.55 .00 .00 .00 .21.54 .60.05 | MON UNITS/DAYS PER ELIG 1.007 \$.003 .000 .003 .000 .000 .000 .000 .00 | COST PER USER 188.73 993.51 .00 3256.89 1387.65 .00 .00 1387.65 1869.24 885.73 .00 99.88 87.77 | COST PER ELIGIBLE \$ 42.28 20.66 .00 3.08 1.31 .00 .00 1.31 1.77 17.58 .00 21.62 1.08 |
| ROOM USE 18 27 1,196.33 44.31 .026 66.46 1.13 CROSSOVERS/ALL OTH OUTPINT 195 955 19,376.59 20.29 .903 99.37 18.31 @STATE HOSPITAL 0 0 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 <td< td=""><td>BUTTE COUNTY 1,058 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY</td><td>SUMMARY OF SERV USERS 237 22 0 1 1 1 0 21 0 229 13 3</td><td>UNITS OF SERVICE OR DAYS OF CARE 1,065 \$ 0 3 0 3 0 0 1,062 19 3</td><td>EXPENDITURES 44,730.04 21,857.18 .00 3,256.89 1,387.65 .00 .00 1,387.65 1,869.24 18,600.29 .00 22,872.86 1,141.00 91.14</td><td>AVERAGE COST PER UNIT/DAY \$ 42.00 7285.73 .00 1085.63 462.55 .00 .00 462.55 .00 .00 .00 21.54 60.05 30.38</td><td> MON UNITS/DAYS PER ELIG 1.007 \$.003 .000 .003 .000 .000 .000 .000 .00</td><td>COST PER USER 188.73 993.51 .00 3256.89 1387.65 .00 .00 1387.65 1869.24 885.73 .00 99.88 87.77 30.38</td><td>COST PER ELIGIBLE \$ 42.28 20.66 .00 3.08 1.31 .00 .00 1.31 1.77 17.58 .00 21.62 1.08 .09</td></td<> | BUTTE COUNTY 1,058 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY | SUMMARY OF SERV USERS 237 22 0 1 1 1 0 21 0 229 13 3 | UNITS OF SERVICE OR DAYS OF CARE 1,065 \$ 0 3 0 3 0 0 1,062 19 3 | EXPENDITURES 44,730.04 21,857.18 .00 3,256.89 1,387.65 .00 .00 1,387.65 1,869.24 18,600.29 .00 22,872.86 1,141.00 91.14 | AVERAGE COST PER UNIT/DAY \$ 42.00 7285.73 .00 1085.63 462.55 .00 .00 462.55 .00 .00 .00 21.54 60.05 30.38 | MON UNITS/DAYS PER ELIG 1.007 \$.003 .000 .003 .000 .000 .000 .000 .00 | COST PER USER 188.73 993.51 .00 3256.89 1387.65 .00 .00 1387.65 1869.24 885.73 .00 99.88 87.77 30.38 | COST PER ELIGIBLE \$ 42.28 20.66 .00 3.08 1.31 .00 .00 1.31 1.77 17.58 .00 21.62 1.08 .09 |
| CROSSOVERS/ALL OTH OUTPTNT 195 955 19,376.59 20.29 .903 99.37 18.31 @STATE HOSPITAL 0 0 \$.00 \$.00 \$.00 \$.00 MENTALLY ILL 0 0 0 .00 .00 .00 .00 .00 DEVELOP. DISABLED 0 0 0 .00 .00 .00 .00 @NURSING FACILITY 7 168 \$ 21,844.80 \$ 130.03 .159 \$ 3120.69 \$ 20.65 | BUTTE COUNTY 1,058 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY | SUMMARY OF SERV USERS 237 22 0 1 1 1 0 21 0 229 13 3 27 | UNITS OF SERVICE OR DAYS OF CARE 1,065 \$ 0 3 0 3 0 3 0 1,062 19 3 57 | EXPENDITURES 44,730.04 21,857.18 .00 3,256.89 1,387.65 .00 .00 1,387.65 1,869.24 18,600.29 .00 22,872.86 1,141.00 91.14 1,044.56 | AVERAGE COST PER UNIT/DAY \$ 42.00 7285.73 .00 1085.63 462.55 .00 .00 462.55 .00 .00 21.54 60.05 30.38 18.33 | MON UNITS/DAYS PER ELIG 1.007 \$.003 .000 .003 .000 .000 .000 .000 .00 | COST PER USER 188.73 993.51 .00 3256.89 1387.65 .00 .00 1387.65 1869.24 885.73 .00 99.88 87.77 30.38 38.69 | COST PER ELIGIBLE \$ 42.28 20.66 .00 3.08 1.31 .00 .00 1.31 1.77 17.58 .00 21.62 1.08 .09 .99 |
| @STATE HOSPITAL 0 0 \$.00 \$.00 .00 \$.00 \$.00 \$.00 | BUTTE COUNTY 1,058 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY | SUMMARY OF SERV USERS 237 22 0 1 1 1 0 21 0 229 13 3 27 1 | UNITS OF SERVICE OR DAYS OF CARE 1,065 \$ 0 3 0 3 0 0 1,062 19 3 57 | EXPENDITURES 44,730.04 21,857.18 .00 3,256.89 1,387.65 .00 .00 1,387.65 1,869.24 18,600.29 .00 22,872.86 1,141.00 91.14 1,044.56 23.24 | AVERAGE COST PER UNIT/DAY \$ 42.00 7285.73 .00 1085.63 462.55 .00 .00 462.55 .00 .00 21.54 60.05 30.38 18.33 23.24 | MON UNITS/DAYS PER ELIG 1.007 \$.003 .000 .003 .000 .000 .000 .000 .00 | COST PER USER 188.73 993.51 .00 3256.89 1387.65 .00 .00 1387.65 1869.24 885.73 .00 99.88 87.77 30.38 38.69 23.24 | COST PER ELIGIBLE \$ 42.28 20.66 .00 3.08 1.31 .00 .00 1.31 1.77 17.58 .00 21.62 1.08 .09 .99 .02 |
| MENTALLY ILL 0 0 .00 .00 .00 .00 .00 DEVELOP. DISABLED 0 0 .00 .00 .00 .00 .00 .00 @NURSING FACILITY 7 168 \$ 21,844.80 \$ 130.03 .159 \$ 3120.69 \$ 20.65 | BUTTE COUNTY 1,058 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE | SUMMARY OF SERV USERS 237 22 0 1 1 1 0 0 21 0 229 13 3 27 1 18 | UNITS OF SERVICE OR DAYS OF CARE 1,065 \$ 3 0 3 3 0 3 0 1,062 19 3 57 1 27 | EXPENDITURES 44,730.04 21,857.18 .00 3,256.89 1,387.65 .00 .00 1,387.65 1,869.24 18,600.29 .00 22,872.86 1,141.00 .91.14 1,044.56 .23.24 1,196.33 | AVERAGE COST PER UNIT/DAY \$ 42.00 7285.73 .00 1085.63 462.55 .00 .00 462.55 .00 .00 21.54 60.05 30.38 18.33 23.24 44.31 | MON UNITS/DAYS PER ELIG 1.007 \$.003 .000 .003 .000 .000 .000 .000 .00 | COST PER USER 188.73 993.51 .00 3256.89 1387.65 .00 .00 1387.65 1869.24 885.73 .00 99.88 87.77 30.38 38.69 23.24 66.46 | COST PER ELIGIBLE \$ 42.28 20.66 .00 3.08 1.31 .00 .00 1.31 1.77 17.58 .00 21.62 1.08 .09 .99 .02 1.13 |
| DEVELOP. DISABLED 0 0 .00 .00 .00 .00 .00 .00 .00 .00 .0 | 1,058 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE CROSSOVERS/ALL OTH OUTPTNT | SUMMARY OF SERV USERS 237 22 0 1 1 1 0 21 0 229 13 3 27 1 18 195 | UNITS OF SERVICE OR DAYS OF CARE 1,065 \$ 0 3 0 0 3 3 0 0 1,062 19 3 57 1 27 955 | EXPENDITURES 44,730.04 21,857.18 .00 3,256.89 1,387.65 .00 .00 1,387.65 1,869.24 18,600.29 .00 22,872.86 1,141.00 91.14 1,044.56 23.24 1,196.33 19,376.59 | AVERAGE COST PER UNIT/DAY \$ 42.00 7285.73 .00 1085.63 462.55 .00 .00 462.55 .00 .00 21.54 60.05 30.38 18.33 23.24 44.31 20.29 | MON UNITS/DAYS PER ELIG 1.007 \$.003 .000 .003 .000 .000 .000 .000 .00 | COST PER USER 188.73 993.51 .00 3256.89 1387.65 .00 .00 1387.65 1869.24 885.73 .00 99.88 87.77 30.38 38.69 23.24 66.46 99.37 | COST PER ELIGIBLE \$ 42.28 20.66 .00 3.08 1.31 .00 .00 1.31 1.77 17.58 .00 21.62 1.08 .09 .99 .02 1.13 18.31 |
| @NURSING FACILITY 7 168 \$ 21,844.80 \$ 130.03 .159 \$ 3120.69 \$ 20.65 | BUTTE COUNTY 1,058 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE CROSSOVERS/ALL OTH OUTPTNT | SUMMARY OF SERV USERS 237 22 0 1 1 1 0 21 0 229 13 3 27 1 18 195 0 | UNITS OF SERVICE OR DAYS OF CARE 1,065 \$ 0 3 0 0 3 3 0 0 1,062 19 3 57 1 27 955 0 \$ | EXPENDITURES 44,730.04 21,857.18 .00 3,256.89 1,387.65 .00 .00 1,387.65 1,869.24 18,600.29 .00 22,872.86 1,141.00 .91.14 1,044.56 .23.24 1,196.33 19,376.59 .00 | AVERAGE COST PER UNIT/DAY \$ 42.00 7285.73 .00 1085.63 462.55 .00 .00 462.55 .00 .00 21.54 60.05 30.38 18.33 23.24 44.31 20.29 \$.00 | MON UNITS/DAYS PER ELIG 1.007 \$.003 .000 .003 .000 .000 .000 .000 .00 | COST PER USER 188.73 993.51 .00 3256.89 1387.65 .00 .00 1387.65 1869.24 885.73 .00 99.88 87.77 30.38 38.69 23.24 66.46 99.37 .00 | COST PER ELIGIBLE \$ 42.28 20.66 .00 3.08 1.31 .00 .00 1.31 1.77 17.58 .00 21.62 1.08 .09 .99 .02 1.13 18.31 \$.00 |
| | BUTTE COUNTY 1,058 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE CROSSOVERS/ALL OTH OUTPTNT @STATE HOSPITAL MENTALLY ILL | SUMMARY OF SERV USERS 237 22 0 1 1 1 0 0 21 0 229 13 3 27 1 18 195 0 0 | UNITS OF SERVICE OR DAYS OF CARE 1,065 \$ 0 3 0 0 3 3 0 0 1,062 19 3 57 1 27 955 0 \$ 0 | EXPENDITURES 44,730.04 21,857.18 .00 3,256.89 1,387.65 .00 .00 1,387.65 1,869.24 18,600.29 .00 22,872.86 1,141.00 .91.14 1,044.56 .23.24 1,196.33 19,376.59 .00 .00 | AVERAGE COST PER UNIT/DAY \$ 42.00 7285.73 .00 1085.63 462.55 .00 .00 462.55 .00 .00 21.54 60.05 30.38 18.33 23.24 44.31 20.29 \$.00 .00 | MON UNITS/DAYS PER ELIG 1.007 \$.003 .000 .003 .000 .000 .000 .000 .00 | COST PER USER 188.73 993.51 .00 3256.89 1387.65 .00 .00 1387.65 1869.24 885.73 .00 99.88 87.77 30.38 38.69 23.24 66.46 99.37 .00 .00 | COST PER ELIGIBLE \$ 42.28 20.66 .00 3.08 1.31 .00 .00 1.31 1.77 17.58 .00 21.62 1.08 .09 .99 .02 1.13 18.31 \$.00 .00 .00 |
| LEV A-INTERMEDIATE U U .00 .00 .00 .00 | BUTTE COUNTY 1,058 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE CROSSOVERS/ALL OTH OUTPTNT @STATE HOSPITAL MENTALLY ILL DEVELOP. DISABLED | SUMMARY OF SERV USERS 237 22 0 1 1 1 0 0 21 0 229 13 3 27 1 18 195 0 0 0 0 | UNITS OF SERVICE OR DAYS OF CARE 1,065 \$ 3 0 3 3 0 0 3 3 0 1,062 19 3 57 1 27 955 0 \$ 0 0 | EXPENDITURES 44,730.04 21,857.18 .00 3,256.89 1,387.65 .00 .00 1,387.65 1,869.24 18,600.29 .00 22,872.86 1,141.00 .91.14 1,044.56 .23.24 1,196.33 19,376.59 .00 .00 .00 | AVERAGE COST PER UNIT/DAY \$ 42.00 7285.73 .00 1085.63 462.55 .00 .00 462.55 .00 .00 21.54 60.05 30.38 18.33 23.24 44.31 20.29 \$.00 .00 .00 | MON UNITS/DAYS PER ELIG 1.007 \$.003 .000 .003 .000 .000 .000 .000 .00 | COST PER USER 188.73 993.51 .00 3256.89 1387.65 .00 .00 1387.65 1869.24 885.73 .00 99.88 87.77 30.38 38.69 23.24 66.46 99.37 .00 .00 .00 | COST PER ELIGIBLE \$ 42.28 20.66 .00 3.08 1.31 .00 .00 1.31 1.77 17.58 .00 21.62 1.08 .09 .99 .02 1.13 18.31 \$.00 .00 .00 .00 .00 |
| | BUTTE COUNTY 1,058 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE CROSSOVERS/ALL OTH OUTPINT @STATE HOSPITAL MENTALLY ILL DEVELOP. DISABLED @NURSING FACILITY | SUMMARY OF SERV USERS 237 22 0 1 1 1 0 0 21 0 229 13 3 27 1 18 195 0 0 0 7 | UNITS OF SERVICE OR DAYS OF CARE 1,065 \$ 3 0 3 3 0 0 3 3 0 0 1,062 19 3 57 1 27 955 0 \$ 0 0 168 \$ | EXPENDITURES 44,730.04 21,857.18 .00 3,256.89 1,387.65 .00 .00 1,387.65 1,869.24 18,600.29 .00 22,872.86 1,141.00 91.14 1,044.56 23.24 1,196.33 19,376.59 .00 .00 .00 .00 .21,844.80 | AVERAGE COST PER UNIT/DAY \$ 42.00 7285.73 .00 1085.63 462.55 .00 .00 462.55 .00 .00 21.54 60.05 30.38 18.33 23.24 44.31 20.29 \$.00 .00 \$ 130.03 | MON UNITS/DAYS PER ELIG 1.007 \$.003 .000 .003 .000 .000 .000 .000 .00 | COST PER USER 188.73 993.51 .00 3256.89 1387.65 .00 .00 1387.65 1869.24 885.73 .00 99.88 87.77 30.38 38.69 23.24 66.46 99.37 .00 .00 .00 3120.69 | COST PER ELIGIBLE \$ 42.28 20.66 .00 3.08 1.31 .00 .00 1.31 1.77 17.58 .00 21.62 1.08 .09 .99 .02 1.13 18.31 \$.00 .00 .00 .00 \$ 20.65 |

| LEV B-REHAB MD | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
|---|---|---|-------|--|-------|---|--|-----|---|----|--|
| LEV B-SUBACUTE FREESTANDING | | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| LEV B-SUBACUTE HSPTL BASED | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| LEV B-TRANSITIONAL IP CARE | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| LEV B-REGULAR | 7 | 168 | | 21,844.80 | | 130.03 | .159 | | 3120.69 | | 20.65 |
| @INTERMEDIATE CARE FACILDD | 0 | 0 | \$ | .00 | \$ | .00 | .000 | \$ | .00 | \$ | .00 |
| ICF DDH | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| ICF DD | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| ICF DDN/DDCN | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| @HEMODIALYSIS TOTAL | 7 | 7 | \$ | 2,761.95 | \$ | 394.56 | .007 | \$ | 394.56 | \$ | 2.61 |
| HOSPITAL BASED | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| HEMODIALYSIS CENTER | 7 | 7 | | 2,761.95 | | 394.56 | .007 | | 394.56 | | 2.61 |
| @REHABILITATION FACILITY | 7 | 82 | \$ | 1,423.34 | \$ | 17.36 | .078 | \$ | | \$ | 1.35 |
| HOSPITAL BASED | 1 | 4 | | 82.82 | | 20.71 | .004 | | 82.82 | | .08 |
| INDEPENDENT FACILITY | 6 | 78 | | 1,340.52 | | 17.19 | .074 | | 223.42 | | 1.27 |
| @LABORATORY FACILITY | 9 | 16 | \$ | 253.38 | \$ | 15.84 | .015 | \$ | 28.15 | \$ | .24 |
| PATHOLOGY | 8 | 15 | | 249.53 | | 16.64 | .014 | | 31.19 | | .24 |
| XO AND OTHERS | 1 | 1 | | 3.85 | | 3.85 | .001 | | 3.85 | | .00 |
| @ORGANIZED OUTPATIENT CLINIC | 208 | 443 | \$ | 21,817.73 | \$ | 49.25 | .419 | \$ | 104.89 | \$ | 20.62 |
| CLINIC | 6 | 9 | | 563.50 | | 62.61 | .009 | | 93.92 | | .53 |
| SURGICENTER | 1 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| HEROIN DETOX CLINIC | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| RURAL HEALTH CLINIC | 202 | 434 | | 21,254.23 | | 48.97 | .410 | | 105.22 | | 20.09 |
| #CALIF DEPT OF HEALTH SERV | MEDI-CAL SERVI | CES AND EXPENDITUR | RES M | ONTH-OF-PAYMENT R | EPORT | FOR JAN 2 | 004 THRU | DEC | 2004 | P. | AGE 1,028 |
| MOP024 | FEE-FOR-SERVICE | E/DENTAL | | | | | | | | | 03/14/05 |
| | | | | | | | | | | | |
| BUTTE COUNTY | SUMMARY OF SER | VICES FOR IN HOME | SUP | PORT - DISABLED | | AID CODE | 68 | | | | |
| | | | | | | | N | | HLY AVERA | - | |
| BUTTE COUNTY 1,058 ELIGIBLES | SUMMARY OF SER' USERS | UNITS OF SERVICE | 2 | PORT - DISABLED EXPENDITURES | | RAGE COST | N UNITS/DAY | 'S | COST PER | | COST PER |
| 1,058 ELIGIBLES | USERS | UNITS OF SERVICE OR DAYS OF CARE | | EXPENDITURES | PER | RAGE COST | M UNITS/DAY PER ELIC | S | COST PER USER | | COST PER ELIGIBLE |
| 1,058 ELIGIBLES @ALL OTHER PROVIDERS | USERS 390 | UNITS OF SERVICE OR DAYS OF CARE 23,992 | 2 | EXPENDITURES 173,268.77 | | RAGE COST R UNIT/DAY 7.22 | UNITS/DAY PER ELIC 22.677 | S | COST PER USER 444.28 | | COST PER ELIGIBLE 163.77 |
| 1,058 ELIGIBLES @ALL OTHER PROVIDERS DURABLE MED. EQUIP. | USERS 390 15 | UNITS OF SERVICE OR DAYS OF CARE 23,992 49 | | EXPENDITURES 173,268.77 13,723.09 | PER | RAGE COST UNIT/DAY 7.22 280.06 | M UNITS/DAY PER ELIG 22.677 .046 | S | COST PER USER 444.28 914.87 | | COST PER ELIGIBLE 163.77 12.97 |
| 1,058 ELIGIBLES @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK | USERS 390 15 0 | UNITS OF SERVICE OR DAYS OF CARE 23,992 49 0 | | EXPENDITURES 173,268.77 13,723.09 .00 | PER | CRAGE COST R UNIT/DAY 7.22 280.06 .00 | UNITS/DAY PER ELIC 22.677 .046 .000 | S | COST PER USER 444.28 914.87 .00 | | COST PER ELIGIBLE 163.77 12.97 .00 |
| 1,058 ELIGIBLES @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS | USERS 390 15 0 4 | UNITS OF SERVICE OR DAYS OF CARE 23,992 49 0 7 | | EXPENDITURES 173,268.77 13,723.09 .00 175.00 | PER | RAGE COST UNIT/DAY 7.22 280.06 .00 25.00 | UNITS/DAY PER ELIG 22.677 .046 .000 .007 | S | COST PER USER 444.28 914.87 .00 43.75 | | COST PER ELIGIBLE 163.77 12.97 .00 |
| 1,058 ELIGIBLES @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION | USERS 390 15 0 4 102 | UNITS OF SERVICE OR DAYS OF CARE 23,992 49 0 7 | | EXPENDITURES 173,268.77 13,723.09 .00 175.00 20,537.26 | PER | RAGE COST R UNIT/DAY 7.22 280.06 .00 25.00 4.02 | N UNITS/DAY PER ELIG 22.677 .046 .000 .007 4.830 | S | COST PER USER 444.28 914.87 .00 43.75 201.35 | | COST PER ELIGIBLE 163.77 12.97 .00 .17 19.41 |
| 1,058 ELIGIBLES @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS | USERS 390 15 0 4 102 9 | UNITS OF SERVICE OR DAYS OF CARE 23,992 49 0 7 5,110 24 | | EXPENDITURES 173,268.77 13,723.09 .00 175.00 20,537.26 1,071.98 | PER | RAGE COST R UNIT/DAY 7.22 280.06 .00 25.00 4.02 44.67 | MUNITS/DAY PER ELIG 22.677 .046 .000 .007 4.830 .023 | S | COST PER USER 444.28 914.87 .00 43.75 201.35 119.11 | | COST PER ELIGIBLE 163.77 12.97 .00 .17 19.41 1.01 |
| 1,058 ELIGIBLES @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS | USERS 390 15 0 4 102 9 92 | UNITS OF SERVICE OR DAYS OF CARE 23,992 49 0 7 5,110 24 5,068 | | EXPENDITURES 173,268.77 13,723.09 .00 175.00 20,537.26 1,071.98 19,033.84 | PER | RAGE COST R UNIT/DAY 7.22 280.06 .00 25.00 4.02 44.67 3.76 | N UNITS/DAY PER ELIG 22.677 .046 .000 .007 4.830 .023 4.790 | S | COST PER USER 444.28 914.87 .00 43.75 201.35 119.11 206.89 | | COST PER ELIGIBLE 163.77 12.97 .00 .17 19.41 1.01 17.99 |
| 1,058 ELIGIBLES @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER SERVICES | USERS 390 15 0 4 102 9 92 7 | UNITS OF SERVICE OR DAYS OF CARE 23,992 49 0 7 5,110 24 5,068 18 | | EXPENDITURES 173,268.77 13,723.09 .00 175.00 20,537.26 1,071.98 19,033.84 431.44 | PER | RAGE COST R UNIT/DAY 7.22 280.06 .00 25.00 4.02 44.67 3.76 23.97 | NUNITS/DAY PER ELIG 22.677 .046 .000 .007 4.830 .023 4.790 .017 | S | COST PER USER 444.28 914.87 .00 43.75 201.35 119.11 206.89 61.63 | | COST PER ELIGIBLE 163.77 12.97 .00 .17 19.41 1.01 17.99 .41 |
| 1,058 ELIGIBLES @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER SERVICES ACUPUNCTURE | USERS 390 15 0 4 102 9 92 7 2 | UNITS OF SERVICE OR DAYS OF CARE 23,992 49 0 7 5,110 24 5,068 18 3 | | EXPENDITURES 173,268.77 13,723.09 .00 175.00 20,537.26 1,071.98 19,033.84 431.44 59.47 | PER | RAGE COST R UNIT/DAY 7.22 280.06 .00 25.00 4.02 44.67 3.76 23.97 19.82 | MUNITS/DAY PER ELIG 22.677 .046 .000 .007 4.830 .023 4.790 .017 .003 | S | COST PER USER 444.28 914.87 .00 43.75 201.35 119.11 206.89 61.63 29.74 | | COST PER ELIGIBLE 163.77 12.97 .00 .17 19.41 1.01 17.99 .41 .06 |
| 1,058 ELIGIBLES @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER SERVICES ACUPUNCTURE ADULT DAY HEALTH CARE CTR | USERS 390 15 0 4 102 9 92 7 2 21 | UNITS OF SERVICE OR DAYS OF CARE 23,992 49 0 7 5,110 24 5,068 18 3 168 | | EXPENDITURES 173,268.77 13,723.09 .00 175.00 20,537.26 1,071.98 19,033.84 431.44 59.47 11,689.44 | PER | RAGE COST R UNIT/DAY 7.22 280.06 .00 25.00 4.02 44.67 3.76 23.97 19.82 69.58 | NUNITS/DAY PER ELIG 22.677 .046 .000 .007 4.830 .023 4.790 .017 .003 .159 | S | COST PER USER 444.28 914.87 .00 43.75 201.35 119.11 206.89 61.63 29.74 556.64 | | COST PER ELIGIBLE 163.77 12.97 .00 .17 19.41 1.01 17.99 .41 .06 11.05 |
| 1,058 ELIGIBLES @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER TRANS OTHER SERVICES ACUPUNCTURE ADULT DAY HEALTH CARE CTR GENETIC DISEASE TESTING | USERS 390 15 0 4 102 9 92 7 2 21 0 | UNITS OF SERVICE OR DAYS OF CARE 23,992 49 0 7 5,110 24 5,068 18 3 168 0 | | EXPENDITURES 173,268.77 13,723.09 .00 175.00 20,537.26 1,071.98 19,033.84 431.44 59.47 11,689.44 | PER | RAGE COST 2 UNIT/DAY 7.22 280.06 .00 25.00 4.02 44.67 3.76 23.97 19.82 69.58 .00 | NUNITS/DAY PER ELIG 22.677 .046 .000 .007 4.830 .023 4.790 .017 .003 .159 | S | COST PER USER 444.28 914.87 .00 43.75 201.35 119.11 206.89 61.63 29.74 556.64 | | COST PER ELIGIBLE 163.77 12.97 .00 .17 19.41 1.01 17.99 .41 .06 11.05 .00 |
| 1,058 ELIGIBLES @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER TRANS OTHER SERVICES ACUPUNCTURE ADULT DAY HEALTH CARE CTR GENETIC DISEASE TESTING IHMC, MODEL-NF, NF, AIDS, MSSP | USERS 390 15 0 4 102 9 92 7 2 21 0 62 | UNITS OF SERVICE OR DAYS OF CARE 23,992 49 0 7 5,110 24 5,068 18 3 168 0 4,273 | | EXPENDITURES 173,268.77 13,723.09 .00 175.00 20,537.26 1,071.98 19,033.84 431.44 59.47 11,689.44 .00 112,797.38 | PER | RAGE COST 2 UNIT/DAY 7.22 280.06 .00 25.00 4.02 44.67 3.76 23.97 19.82 69.58 .00 26.40 | NUNITS/DAY PER ELIG 22.677 .046 .000 .007 4.830 .023 4.790 .017 .003 .159 .000 4.039 | S | COST PER USER 444.28 914.87 .00 43.75 201.35 119.11 206.89 61.63 29.74 556.64 .00 1819.31 | | COST PER ELIGIBLE 163.77 12.97 .00 .17 19.41 1.01 17.99 .41 .06 11.05 .00 106.61 |
| 1,058 ELIGIBLES @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER TRANS OTHER SERVICES ACUPUNCTURE ADULT DAY HEALTH CARE CTR GENETIC DISEASE TESTING IHMC, MODEL-NF, NF, AIDS, MSSP OCCUPATIONAL THERAPIST | USERS 390 15 0 4 102 9 92 7 2 21 0 62 0 | UNITS OF SERVICE OR DAYS OF CARE 23,992 49 0 7 5,110 24 5,068 18 3 168 0 4,273 0 | | EXPENDITURES 173,268.77 13,723.09 .00 175.00 20,537.26 1,071.98 19,033.84 431.44 59.47 11,689.44 .00 112,797.38 | PER | CRAGE COST 2 UNIT/DAY 7.22 280.06 .00 25.00 4.02 44.67 3.76 23.97 19.82 69.58 .00 26.40 .00 | NUNITS/DAY PER ELIG 22.677 .046 .000 .007 4.830 .023 4.790 .017 .003 .159 .000 4.039 .000 | S | COST PER USER 444.28 914.87 .00 43.75 201.35 119.11 206.89 61.63 29.74 556.64 .00 1819.31 | | COST PER ELIGIBLE 163.77 12.97 .00 .17 19.41 1.01 17.99 .41 .06 11.05 .00 106.61 .00 |
| 1,058 ELIGIBLES @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER TRANS OTHER SERVICES ACUPUNCTURE ADULT DAY HEALTH CARE CTR GENETIC DISEASE TESTING IHMC, MODEL-NF, NF, AIDS, MSSP OCCUPATIONAL THERAPIST OPTICIAN | USERS 390 15 0 4 102 9 92 7 2 21 0 62 0 28 | UNITS OF SERVICE OR DAYS OF CARE 23,992 49 0 7 5,110 24 5,068 18 3 168 0 4,273 0 65 | | EXPENDITURES 173,268.77 13,723.09 .00 175.00 20,537.26 1,071.98 19,033.84 431.44 59.47 11,689.44 .00 112,797.38 .00 683.49 | PER | CRAGE COST 2 UNIT/DAY 7.22 280.06 .00 25.00 4.02 44.67 3.76 23.97 19.82 69.58 .00 26.40 .00 10.52 | NUNITS/DAY PER ELIG 22.677 .046 .000 .007 4.830 .023 4.790 .017 .003 .159 .000 4.039 .000 .061 | S | COST PER USER 444.28 914.87 .00 43.75 201.35 119.11 206.89 61.63 29.74 556.64 .00 1819.31 .00 24.41 | | COST PER ELIGIBLE 163.77 12.97 .00 .17 19.41 1.01 17.99 .41 .06 11.05 .00 106.61 .00 .65 |
| 1,058 ELIGIBLES @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER TRANS OTHER SERVICES ACUPUNCTURE ADULT DAY HEALTH CARE CTR GENETIC DISEASE TESTING IHMC, MODEL-NF, NF, AIDS, MSSP OCCUPATIONAL THERAPIST OPTICIAN PHYSICAL THERAPIST | USERS 390 15 0 4 102 9 92 7 2 21 0 62 0 28 | UNITS OF SERVICE OR DAYS OF CARE 23,992 49 0 7 5,110 24 5,068 18 3 168 0 4,273 0 65 0 | | EXPENDITURES 173,268.77 13,723.09 .00 175.00 20,537.26 1,071.98 19,033.84 431.44 59.47 11,689.44 .00 112,797.38 .00 683.49 .00 | PER | CRAGE COST 2 UNIT/DAY 7.22 280.06 .00 25.00 4.02 44.67 3.76 23.97 19.82 69.58 .00 26.40 .00 10.52 .00 | NUNITS/DAY PER ELIG 22.677 .046 .000 .007 4.830 .023 4.790 .017 .003 .159 .000 4.039 .000 .061 | S | COST PER USER 444.28 914.87 .00 43.75 201.35 119.11 206.89 61.63 29.74 556.64 .00 1819.31 .00 24.41 | | COST PER ELIGIBLE 163.77 12.97 .00 .17 19.41 1.01 17.99 .41 .06 11.05 .00 106.61 .00 .65 .00 |
| 1,058 ELIGIBLES @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER TRANS OTHER SERVICES ACUPUNCTURE ADULT DAY HEALTH CARE CTR GENETIC DISEASE TESTING IHMC, MODEL-NF, NF, AIDS, MSSP OCCUPATIONAL THERAPIST OPTICIAN PHYSICAL THERAPIST PORTABLE X-RAY | USERS 390 15 0 4 102 9 92 7 2 21 0 62 0 28 | UNITS OF SERVICE OR DAYS OF CARE 23,992 49 0 7 5,110 24 5,068 18 3 168 0 4,273 0 65 0 0 | | EXPENDITURES 173,268.77 13,723.09 .00 175.00 20,537.26 1,071.98 19,033.84 431.44 59.47 11,689.44 .00 112,797.38 .00 683.49 .00 .00 | PER | CRAGE COST 2 UNIT/DAY 7.22 280.06 .00 25.00 4.02 44.67 3.76 23.97 19.82 69.58 .00 26.40 .00 10.52 .00 .00 | NUNITS/DAY PER ELIG 22.677 .046 .000 .007 4.830 .023 4.790 .017 .003 .159 .000 4.039 .000 .061 .000 | S | COST PER USER 444.28 914.87 .00 43.75 201.35 119.11 206.89 61.63 29.74 556.64 .00 1819.31 .00 24.41 .00 | | COST PER ELIGIBLE 163.77 12.97 .00 .17 19.41 1.01 17.99 .41 .06 .11.05 .00 106.61 .00 .65 .00 .00 |
| 1,058 ELIGIBLES @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER TRANS OTHER SERVICES ACUPUNCTURE ADULT DAY HEALTH CARE CTR GENETIC DISEASE TESTING IHMC,MODEL-NF,NF,AIDS,MSSP OCCUPATIONAL THERAPIST OPTICIAN PHYSICAL THERAPIST PORTABLE X-RAY PROSTHETIST/ORTHOTISTS | USERS 390 15 0 4 102 9 92 7 2 21 0 62 0 28 | UNITS OF SERVICE OR DAYS OF CARE 23,992 49 0 7 5,110 24 5,068 18 3 168 0 4,273 0 65 0 0 5 | | EXPENDITURES 173,268.77 13,723.09 .00 175.00 20,537.26 1,071.98 19,033.84 431.44 59.47 11,689.44 .00 112,797.38 .00 683.49 .00 .00 817.82 | PER | RAGE COST UNIT/DAY 7.22 280.06 .00 25.00 4.02 44.67 3.76 23.97 19.82 69.58 .00 26.40 .00 10.52 .00 .00 163.56 | NUNITS/DAY PER ELIG 22.677 .046 .000 .007 4.830 .023 4.790 .017 .003 .159 .000 4.039 .000 .061 .000 .005 | S | COST PER USER 444.28 914.87 .00 43.75 201.35 119.11 206.89 61.63 29.74 556.64 .00 1819.31 .00 24.41 .00 .00 408.91 | | COST PER ELIGIBLE 163.77 12.97 .00 .17 19.41 1.01 17.99 .41 .06 .11.05 .00 106.61 .00 .65 .00 .00 .77 |
| 1,058 ELIGIBLES @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER TRANS OTHER SERVICES ACUPUNCTURE ADULT DAY HEALTH CARE CTR GENETIC DISEASE TESTING IHMC, MODEL-NF, NF, AIDS, MSSP OCCUPATIONAL THERAPIST OPTICIAN PHYSICAL THERAPIST PORTABLE X-RAY PROSTHETICS | USERS 390 15 0 4 102 9 92 7 2 21 0 62 0 28 | UNITS OF SERVICE OR DAYS OF CARE 23,992 49 0 7 5,110 24 5,068 18 3 168 0 4,273 0 65 0 0 5 | | EXPENDITURES 173,268.77 13,723.09 .00 175.00 20,537.26 1,071.98 19,033.84 431.44 59.47 11,689.44 .00 112,797.38 .00 683.49 .00 .00 817.82 817.82 | PER | CRAGE COST CUNIT/DAY 7.22 280.06 .00 25.00 4.02 44.67 3.76 23.97 19.82 69.58 .00 26.40 .00 10.52 .00 .00 163.56 163.56 | NUNITS/DAY PER ELIG 22.677 .046 .000 .007 4.830 .023 4.790 .017 .003 .159 .000 4.039 .000 .061 .000 .005 .005 | S | COST PER USER 444.28 914.87 .00 43.75 201.35 119.11 206.89 61.63 29.74 556.64 .00 1819.31 .00 24.41 .00 .00 408.91 408.91 | | COST PER ELIGIBLE 163.77 12.97 .00 .17 19.41 1.01 17.99 .41 .06 .11.05 .00 106.61 .00 .65 .00 .00 .77 .77 |
| 1,058 ELIGIBLES @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER TRANS OTHER SERVICES ACUPUNCTURE ADULT DAY HEALTH CARE CTR GENETIC DISEASE TESTING IHMC, MODEL-NF, NF, AIDS, MSSP OCCUPATIONAL THERAPIST OPTICIAN PHYSICAL THERAPIST PORTABLE X-RAY PROSTHETICS ORTHOTICS | USERS 390 15 0 4 102 9 92 7 2 21 0 62 0 28 | UNITS OF SERVICE OR DAYS OF CARE 23,992 49 0 7 5,110 24 5,068 18 3 168 0 4,273 0 65 0 0 5 | | EXPENDITURES 173,268.77 13,723.09 .00 175.00 20,537.26 1,071.98 19,033.84 431.44 59.47 11,689.44 .00 112,797.38 .00 683.49 .00 817.82 817.82 | PER | CRAGE COST CUNIT/DAY 7.22 280.06 .00 25.00 4.02 44.67 3.76 23.97 19.82 69.58 .00 26.40 .00 10.52 .00 .00 10.52 .00 .00 10.52 .00 .00 | NUNITS/DAY PER ELIG 22.677 .046 .000 .007 4.830 .023 4.790 .017 .003 .159 .000 4.039 .000 .061 .000 .005 .005 | S | COST PER USER 444.28 914.87 .00 43.75 201.35 119.11 206.89 61.63 29.74 556.64 .00 1819.31 .00 24.41 .00 .00 408.91 408.91 .00 | | COST PER ELIGIBLE 163.77 12.97 .00 .17 19.41 1.01 17.99 .41 .06 .105 .00 106.61 .00 .65 .00 .00 .77 .77 .00 |
| 1,058 ELIGIBLES @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER SERVICES ACUPUNCTURE ADULT DAY HEALTH CARE CTR GENETIC DISEASE TESTING IHMC, MODEL-NF, NF, AIDS, MSSP OCCUPATIONAL THERAPIST OPTICIAN PHYSICAL THERAPIST PORTABLE X-RAY PROSTHETICS ORTHOTICS PSYCHOLOGIST | USERS 390 15 0 4 102 9 92 7 2 21 0 62 0 28 | UNITS OF SERVICE OR DAYS OF CARE 23,992 49 0 7 5,110 24 5,068 18 3 168 0 4,273 0 65 0 0 5 | | EXPENDITURES 173,268.77 13,723.09 .00 175.00 20,537.26 1,071.98 19,033.84 431.44 59.47 11,689.44 .00 112,797.38 .00 683.49 .00 817.82 817.82 .00 .00 | PER | CRAGE COST CUNIT/DAY 7.22 280.06 .00 25.00 4.02 44.67 3.76 23.97 19.82 69.58 .00 26.40 .00 10.52 .00 .00 10.52 .00 .00 10.52 .00 .00 | NUNITS/DAY PER ELIG 22.677 .046 .000 .007 4.830 .023 4.790 .017 .003 .159 .000 4.039 .000 .061 .000 .005 .005 .005 | S | COST PER USER 444.28 914.87 .00 43.75 201.35 119.11 206.89 61.63 29.74 556.64 .00 1819.31 .00 24.41 .00 .00 408.91 408.91 .00 .00 | | COST PER ELIGIBLE 163.77 12.97 .00 .17 19.41 1.01 17.99 .41 .06 .105 .00 106.61 .00 .65 .00 .00 .77 .77 .00 .00 |
| 1,058 ELIGIBLES @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER SERVICES ACUPUNCTURE ADULT DAY HEALTH CARE CTR GENETIC DISEASE TESTING IHMC, MODEL-NF, NF, AIDS, MSSP OCCUPATIONAL THERAPIST OPTICIAN PHYSICAL THERAPIST PORTABLE X-RAY PROSTHETICS ORTHOTICS PSYCHOLOGIST SPEECH AND AUDIOLOGY | USERS 390 15 0 4 102 9 92 7 2 21 0 62 0 28 | UNITS OF SERVICE OR DAYS OF CARE 23,992 49 0 7 5,110 24 5,068 18 3 168 0 4,273 0 65 0 0 5 | | EXPENDITURES 173,268.77 13,723.09 .00 .75.00 20,537.26 1,071.98 19,033.84 431.44 59.47 11,689.44 .00 112,797.38 .00 683.49 .00 .00 817.82 817.82 .00 .00 295.19 | PER | CRAGE COST CUNIT/DAY 7.22 280.06 .00 25.00 4.02 44.67 3.76 23.97 19.82 69.58 .00 26.40 .00 10.52 .00 .00 10.52 .00 .00 163.56 163.56 .00 .00 42.17 | NUNITS/DAY PER ELIG 22.677 .046 .000 .007 4.830 .023 4.790 .017 .003 .159 .000 4.039 .000 .061 .000 .005 .005 .005 .000 .007 | S | COST PER USER 444.28 914.87 .00 43.75 201.35 119.11 206.89 61.63 29.74 556.64 .00 1819.31 .00 24.41 .00 .00 408.91 408.91 .00 .00 98.40 | | COST PER ELIGIBLE 163.77 12.97 .00 .17 19.41 1.01 17.99 .41 .06 11.05 .00 106.61 .00 .65 .00 .00 .77 .77 .77 .00 .00 .28 |
| 1,058 ELIGIBLES @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER SERVICES ACUPUNCTURE ADULT DAY HEALTH CARE CTR GENETIC DISEASE TESTING IHMC, MODEL-NF, NF, AIDS, MSSP OCCUPATIONAL THERAPIST OPTICIAN PHYSICAL THERAPIST PORTABLE X-RAY PROSTHETICS ORTHOTICS PSYCHOLOGIST | USERS 390 15 0 4 102 9 92 7 2 21 0 62 0 28 | UNITS OF SERVICE OR DAYS OF CARE 23,992 49 0 7 5,110 24 5,068 18 3 168 0 4,273 0 65 0 0 5 | | EXPENDITURES 173,268.77 13,723.09 .00 175.00 20,537.26 1,071.98 19,033.84 431.44 59.47 11,689.44 .00 112,797.38 .00 683.49 .00 817.82 817.82 .00 .00 | PER | CRAGE COST CUNIT/DAY 7.22 280.06 .00 25.00 4.02 44.67 3.76 23.97 19.82 69.58 .00 26.40 .00 10.52 .00 .00 10.52 .00 .00 10.52 .00 .00 | NUNITS/DAY PER ELIG 22.677 .046 .000 .007 4.830 .023 4.790 .017 .003 .159 .000 4.039 .000 .061 .000 .005 .005 .005 | S | COST PER USER 444.28 914.87 .00 43.75 201.35 119.11 206.89 61.63 29.74 556.64 .00 1819.31 .00 24.41 .00 .00 408.91 408.91 .00 .00 | | COST PER ELIGIBLE 163.77 12.97 .00 .17 19.41 1.01 17.99 .41 .06 .105 .00 106.61 .00 .65 .00 .00 .77 .77 .00 .00 |

0 0 0

0

0

.00

.00

.00

.00

.00

.00

.00

.00

.000

.000

.000

.000

.00

.00

.00

.00

.00

.00

.00

.00

LOCAL EDUCATION AGENCIES

RESPIRATORY CARE PRACT.

EPSDT SUPPLEMENTAL SERVICE

PED SUBACUTE REHAB/WEANING

| ALL OTHER PROVIDERS | 245 | 14,305 | 12,490.63 | .87 | 13.521 | 50.98 | 11.81 |
|-------------------------------|-----|--------|-----------------|-------------|-----------|-----------|-------|
| @CALIF. CHILDREN SERVICES* | 17 | 153 | \$ 8,225.06 | \$ 53.76 | .145 \$ | 483.83 \$ | 7.77 |
| @XOVER EXCLUDING STATE HOSP** | 459 | 15,491 | \$ 60,748.99 | \$ 3.92 | 14.642 \$ | 132.35 \$ | 57.42 |

0* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 1,029
MOP024 FEE-FOR-SERVICE/DENTAL
BUTTE COUNTY SUMMARY OF SERVICES FOR IN HOME SUPPORT - TOTAL

| DOTTE COONT | SOMMAN OF SER | VICES FOR IN HOME | 3 5011 | IONI IOIAL | | | MO | ОИТ | HLY AVERA | GE | |
|----------------------------|---------------|-------------------|--------|--------------|-----|------------|--------|-----|-----------|----|----------|
| 2,596 ELIGIBLES | USERS | UNITS OF SERVICE | C. | EXPENDITURES | AVE | ERAGE COST | | | | | COST PER |
| _, | | OR DAYS OF CARE | | | | R UNIT/DAY | | | USER | | ELIGIBLE |
| @TOTAL, ALL PROVIDERS | 2,453 | 129,053 | \$ | 1,945,615.61 | \$ | 15.08 | 49.712 | | 793.16 | | 749.47 |
| @PHYSICIANS SERVICES | 492 | 1,339 | \$ | | \$ | 19.01 | .516 | | 51.73 | | 9.80 |
| OUTPATIENT VISITS | 38 | 43 | | 1,691.16 | | 39.33 | .017 | | 44.50 | • | .65 |
| OFFICE VISITS | 31 | 33 | | 1,116.78 | | 33.84 | .013 | | 36.03 | | .43 |
| HOME VISITS | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| EMERGENCY ROOM | 3 | 4 | | 368.84 | | 92.21 | .002 | | 122.95 | | .14 |
| PREVENTIVE CARE | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| OB VISITS/COMPRE PERI | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| OTHER OUTPATIENT | 6 | 6 | | 205.54 | | 34.26 | .002 | | 34.26 | | .08 |
| INPATIENT VISITS | 4 | 9 | | 444.86 | | 49.43 | .003 | | 111.22 | | .17 |
| HOSPITAL VISITS | 4 | 9 | | 444.86 | | 49.43 | .003 | | 111.22 | | .17 |
| CRITICAL CARE | 0 | Ő | | .00 | | .00 | .000 | | .00 | | .00 |
| SNF/ICF/TRANS IP CARE | 0 | Ö | | .00 | | .00 | .000 | | .00 | | .00 |
| OPHTHALMOLOGICAL SERVICES | 7 | 7 | | 274.72 | | 39.25 | .003 | | 39.25 | | .11 |
| EXAMINATIONS | 7 | 7 | | 274.72 | | 39.25 | .003 | | 39.25 | | .11 |
| SERVICES AND MATERIALS | ń | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| INPATIENT HOSPITAL SURGERY | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| PRINCIPAL SURGEON | Û | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| ASSISTANT SURGEON | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| ANESTHESIOLOGIST | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| OUTPATIENT SURGERY | 8 | 21 | | 962.59 | | 45.84 | .008 | | 120.32 | | .37 |
| PRINCIPAL SURGEON | 6 | 7 | | 659.56 | | 94.22 | .003 | | 109.93 | | .25 |
| ASSISTANT SURGEON | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| ANESTHESIOLOGIST | 2 | 14 | | 303.03 | | 21.65 | .005 | | 151.52 | | .12 |
| DIALYSIS | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| PATHOLOGY | 1 | 1 | | 10.33 | | 10.33 | .000 | | 10.33 | | .00 |
| RADIOLOGY | 15 | 21 | | 1,088.37 | | 51.83 | .008 | | 72.56 | | .42 |
| PSYCHIATRY | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| IMMUNIZATION AND INJECTION | 3 | 13 | | 3,051.48 | | 234.73 | .005 | | 1017.16 | | 1.18 |
| OTHER SERVICES/ALL X-OVERS | 441 | 1,224 | | 17,929.02 | | 14.65 | .471 | | 40.66 | | 6.91 |
| @PHARMACY | 2,019 | 75,219 | \$ | | \$ | | 28.975 | Ś | 542.43 | Ś | 421.87 |
| PRESCRIPTION DRUGS | 1,951 | 11,903 | Y | 1,056,888.91 | Y | 88.79 | 4.585 | Y | 541.72 | Y | 407.12 |
| SNF/ICF | 65 | 616 | | 50,676.03 | | 82.27 | .237 | | 779.63 | | 19.52 |
| OUTPATIENTS | 1,894 | 11,287 | | 1,006,212.88 | | 89.15 | 4.348 | | 531.26 | | 387.60 |
| MEDICAL SUPPLIES | 454 | 63,316 | | 38,281.97 | | .60 | 24.390 | | 84.32 | | 14.75 |
| @DENTIST | 55 | 218 | \$ | | \$ | 50.80 | .084 | Ċ | 201.35 | Ċ | 4.27 |
| VISITS - DIAGNOSTIC | 29 | 104 | Ą | 1,695.00 | Ą | 16.30 | .040 | ې | 58.45 | ې | .65 |
| ORAL SURGERY | 11 | 51 | | 2,649.00 | | 51.94 | .020 | | 240.82 | | 1.02 |
| DRUGS | 0 | 0 | | .00 | | .00 | .020 | | .00 | | .00 |
| ANESTHESIA | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| PERIODONTICS | 2 | 2 | | 173.00 | | 86.50 | .001 | | 86.50 | | .07 |
| ENDODONTICS ENDODONTICS | 1 | 1 | | 215.00 | | 215.00 | .000 | | 215.00 | | .07 |
| RESTORATIVE DENTISTRY | 10 | 26 | | 1,973.40 | | 75.90 | .010 | | 197.34 | | .76 |
| PROSTHETICS | 0 | 20 | | 1,9/3.40 | | .00 | .010 | | .00 | | .00 |
| PROSTHETICS | U | U | | .00 | | .00 | .000 | | .00 | | .00 |

| DENTURES, STAYPLATES | 14 | 30 | 4,224.00 | 140.80 | .012 | 301.71 | 1.63 |
|----------------------------|---------------------|---------------------|---------------------|---------------|--------------|-------------|------------|
| SPACE MAINTAINERS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| MAXILLOFACIAL SERVICES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| FRACTURES, DISLOCATIONS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ORTHODONTIC SERVICES | 2 | 2 | 70.00 | 35.00 | .001 | 35.00 | .03 |
| ALL OTHER SERVICES | 4 | 2 | 75.00 | 37.50 | .001 | 18.75 | .03 |
| #CALIF DEPT OF HEALTH SERV | MEDI-CAL SERVICES A | AND EXPENDITURES MO | NTH-OF-PAYMENT REPO | ORT FOR JAN 2 | 2004 THRU DE | C 2004 | PAGE 1,030 |
| MOP024 | FEE-FOR-SERVICE/DEN | NTAL | | | | | 03/14/05 |
| BUTTE COUNTY | SUMMARY OF SERVICES | S FOR IN HOME SUPI | PORT - TOTAL | | | | |
| | | | | | MON | THLY AVERAG | E |
| 2,596 ELIGIBLES | USERS UNI | ITS OF SERVICE | EXPENDITURES A | VERAGE COST | UNITS/DAYS | COST PER | COST PER |
| | O | R DAYS OF CARE | F | PER HINTT/DAY | PER ELIG | USER | ELIGIBLE |

| | | | | | | M | ON: | THLY AVERA | GΕ | |
|-------|---|---|---------------------|---------------------|---------------------|---|--|---|--|---|
| USERS | UNITS OF SERVICE | E | EXPENDITURES | AV | ERAGE COST | UNITS/DAY | S | COST PER | | COST PER |
| | OR DAYS OF CAR | Ε | | PΕ | R UNIT/DAY | PER ELIG | | USER | | ELIGIBLE |
| 55 | 138 | \$ | 2,678.35 | \$ | 19.41 | .053 | \$ | 48.70 | \$ | 1.03 |
| 8 | 8 | | 399.25 | | 49.91 | .003 | | 49.91 | | .15 |
| 46 | 119 | | 2,115.36 | | 17.78 | .046 | | 45.99 | | .81 |
| 9 | 11 | | 163.74 | | 14.89 | .004 | | 18.19 | | .06 |
| 0 | 0 | \$ | .00 | \$ | .00 | .000 | \$ | .00 | \$ | .00 |
| 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| 89 | 146 | \$ | 1,431.46 | \$ | 9.80 | .056 | \$ | 16.08 | \$ | .55 |
| 8 | 9 | | 216.00 | | 24.00 | .003 | | 27.00 | | .08 |
| 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| 81 | 137 | | 1,215.46 | | 8.87 | .053 | | 15.01 | | .47 |
| 6 | 67 | \$ | 2,262.52 | \$ | 33.77 | .026 | \$ | 377.09 | \$ | .87 |
| 0 | 0 | \$ | .00 | \$ | .00 | .000 | \$ | .00 | \$ | .00 |
| 1 | 2 | \$ | 48.37 | \$ | 24.19 | .001 | \$ | 48.37 | \$ | .02 |
| 0 | 0 | \$ | .00 | \$ | .00 | .000 | \$ | .00 | \$ | .00 |
| 0 | 0 | \$ | .00 | \$ | .00 | .000 | \$ | .00 | \$ | .00 |
| 438 | 1,759 | \$ | 93,783.47 | \$ | 53.32 | .678 | \$ | 214.12 | \$ | 36.13 |
| 61 | 6 | | 59,983.93 | | 9997.32 | .002 | | 983.34 | | 23.11 |
| 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| | 55 8 46 9 0 0 0 89 8 0 0 0 81 6 0 1 0 | OR DAYS OF CARD 55 138 8 8 8 46 119 9 11 0 0 0 0 0 0 0 0 89 146 8 9 0 0 0 0 0 81 137 6 67 0 0 0 1 2 0 0 0 0 438 1,759 | OR DAYS OF CARE 55 | OR DAYS OF CARE 55 | OR DAYS OF CARE 55 | OR DAYS OF CARE PER UNIT/DAY 55 138 \$ 2,678.35 \$ 19.41 8 8 399.25 49.91 46.91 49.91 46.778 11.778 14.89 17.78 14.89 | USERS UNITS OF SERVICE OR DAYS OF CARE EXPENDITURES AVERAGE COST UNITS/DAY PER UNIT/DAY PER ELIG 55 138 \$ 2,678.35 \$ 19.41 .053 8 8 399.25 49.91 .003 46 119 2,115.36 17.78 .046 9 11 163.74 14.89 .004 0 0 .00 .00 .00 0 0 .00 .00 .00 0 0 .00 .00 .00 0 0 .00 .00 .00 0 0 .00 .00 .00 0 0 .00 .00 .00 89 146 \$ 1,431.46 \$ 9.80 .056 8 9 216.00 24.00 .003 0 0 .00 .00 .00 81 137 1,215.46 8.87 .053 6 67 \$ 2,262.52 \$ 33.7 | USERS UNITS OF SERVICE OR DAYS OF CARE EXPENDITURES PER UNIT/DAY AVERAGE COST UNITS/DAYS 55 138 \$ 2,678.35 \$ 19.41 .053 \$ 8 8 399.25 49.91 .003 \$.046 .009 .004 .006 .004 .006 .006 .006 .006 .006 .006 .006 .000 | USERS UNITS OF SERVICE OR DAYS OF CARE EXPENDITURES AVERAGE COST UNITS/DAYS PER ELIG COST PER PER UNIT/DAY PER UNIT/DAY PER ELIG USER 55 138 \$ 2,678.35 \$ 19.41 .053 \$ 48.70 8 8 399.25 49.91 .003 49.91 46 119 2,115.36 17.78 .046 45.99 9 11 163.74 14.89 .004 18.19 0 0 \$.00 .00 .00 .00 0 0 .00 .00 .00 .00 .00 0 0 .00 .00 .00 .00 .00 8 9 216.00 24.00 .003 27.00 0 0 .00 .00 .00 .00 8 9 216.00 24.00 .003 27.00 0 0 .00 .00 .00 .00 81 <td>OR DAYS OF CARE PER UNIT/DAY PER ELIG USER 55 138 \$ 2,678.35 \$ 19.41 .053 \$ 48.70 \$ 8 8 399.25 49.91 .003 49.91 49.91 .003 49.91 49.91 .003 49.91 49.91 .003 49.91 49.91 .003 49.91 .003 49.91 .003 49.91 .003 49.91 .003 49.91 .003 49.91 .003 49.91 .003 49.91 .003 49.91 .004 18.19 .004 18.19 .004 18.19 .000 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00</td> | OR DAYS OF CARE PER UNIT/DAY PER ELIG USER 55 138 \$ 2,678.35 \$ 19.41 .053 \$ 48.70 \$ 8 8 399.25 49.91 .003 49.91 49.91 .003 49.91 49.91 .003 49.91 49.91 .003 49.91 49.91 .003 49.91 .003 49.91 .003 49.91 .003 49.91 .003 49.91 .003 49.91 .003 49.91 .003 49.91 .003 49.91 .004 18.19 .004 18.19 .004 18.19 .000 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00 |

| NON-HSC HOSPITAL TOTAL | 2 | 6 | | 12,149.05 | 2024.84 | .002 | 6074.53 | | 4.68 |
|---|------------------------|-------------|------------|---------------|-------------|-----------|--------------|----|--------|
| ACCOMMODATIONS | 2 | 6 | | 3,831.63 | 638.61 | .002 | 1915.82 | | 1.48 |
| ADMINISTRATIVE DAYS | 0 | 0 | | .00 | .00 | .002 | .00 | | .00 |
| TRANSITIONAL IP CARE | 0 | 0 | | .00 | .00 | .000 | .00 | | .00 |
| ALL OTHER ACCOM | 2 | 6 | | 3,831.63 | 638.61 | .002 | 1915.82 | | 1.48 |
| ANCILLARIES | 2 | 0 | | 8,317.42 | .00 | .002 | 4158.71 | | 3.20 |
| INPATIENT CROSSOVERS | 59 | 0 | | 47,834.88 | .00 | .000 | 810.76 | | 8.43 |
| ALL OTHER INPATIENT | 0 | 0 | | .00 | .00 | .000 | .00 | Τ. | .00 |
| HOSP OUTPATIENT TOTAL | 418 | 1,753 | | 33,799.54 | 19.28 | .675 | 80.86 | 1 | 3.02 |
| MEDICAL | 15 | 26 | | 1,342.31 | 51.63 | .010 | 89.49 | Δ. | .52 |
| SURGERY | 4 | 4 | | 153.14 | 38.29 | .010 | 38.29 | | .06 |
| PATHOLOGY | 42 | 98 | | 1,579.84 | 16.12 | .038 | 37.62 | | .61 |
| RADIOLOGY | 5 | 7 | | 383.86 | 54.84 | .036 | 76.77 | | .15 |
| ROOM USE | 23 | 31 | | 1,447.31 | 46.69 | .012 | 62.93 | | .13 |
| CROSSOVERS/ALL OTH OUTPTNT | | 1,587 | | 28,893.08 | 18.21 | .611 | 78.09 | 1 | 1.13 |
| @COUNTY HOSPITAL TOTAL | 0 | • | \$ | • | \$.00 | .000 | | | .00 |
| - | 0 | 0 . | Ą | | · | .000 | .00 | Ą | .00 |
| CO HOSPITAL INPATIENT TOTAL HSC HOSPITALS | 0 | 0 | | .00 | .00 | .000 | .00 | | .00 |
| | 0 | 0 | | | .00 | | | | |
| NON-HSC HOSPITALS TOTAL | 0 | 0 | | .00 | .00 | .000 | .00 | | .00 |
| ACCOMMODATIONS | 0 | 0 | | .00 | .00 | .000 | .00 | | .00 |
| ADMINISTRATIVE DAYS | 0 | 0 | | .00 | .00 | .000 | .00 | | .00 |
| TRANSITIONAL IP CARE | 0 | 0 | | .00 | .00 | .000 | .00 | | .00 |
| ALL OTHER ACCOM | 0 | 0 | | .00 | .00 | .000 | .00 | | .00 |
| ANCILLARIES | 0 | 0 | | .00 | .00 | .000 | .00 | | .00 |
| INPATIENT CROSSOVERS | 0 | 0 | | .00 | .00 | .000 | .00 | | .00 |
| ALL OTHER INPATIENT | 0 | 0 | | .00 | .00 | .000 | .00 | | .00 |
| CO HOSP OUTPATIENT TOTAL | 0 | 0 | | .00 | .00 | .000 | .00 | | .00 |
| MEDICAL | 0 | 0 | | .00 | .00 | .000 | .00 | | .00 |
| SURGERY | 0 | 0 | | .00 | .00 | .000 | .00 | | .00 |
| PATHOLOGY | 0 | 0 | | .00 | .00 | .000 | .00 | | .00 |
| RADIOLOGY | 0 | 0 | | .00 | .00 | .000 | .00 | | .00 |
| ROOM USE | 0 | 0 | | .00 | .00 | .000 | .00 | | .00 |
| CROSSOVERS/ALL OTH OUTPTNT | | 0 | | .00 | .00 | .000 | .00 | | .00 |
| | MEDI-CAL SERVICES AND | | S MONTH-OF | F-PAYMENT REP | ORT FOR JAN | 2004 THRU | DEC 2004 | | 1,031 |
| MOP024 | FEE-FOR-SERVICE/DENTAL | | | | | | | 03 | /14/05 |
| BUTTE COUNTY | SUMMARY OF SERVICES FO | OR IN HOME | SUPPORT - | TOTAL | | | | | |
| 0.506.51.5355.53 | | 00 00011100 | | | | | ONTHLY AVERA | GE | |

| 2,596 ELIGIBLES | USERS | UNITS OF SERVICE | EXPENDITURES | AVERAGE COST | UNITS/DAYS | COST PER | COST PER |
|----------------------------|-------|------------------|--------------|--------------|------------|----------|----------|
| _, | | OR DAYS OF CARE | | PER UNIT/DAY | PER ELIG | USER | ELIGIBLE |
| @COMMUNITY HOSPITAL TOTAL | 438 | 1,759 \$ | 93,783.47 | \$ 53.32 | .678 \$ | | |
| COMM HOSP INPATIENT TOTAL | 61 | 6 | 59,983.93 | 9997.32 | .002 | 983.34 | 23.11 |
| HSC HOSPITALS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| NON-HSC HOSPITALS TOTAL | 2 | 6 | 12,149.05 | 2024.84 | .002 | 6074.53 | 4.68 |
| ACCOMMODATIONS | 2 | 6 | 3,831.63 | 638.61 | .002 | 1915.82 | 1.48 |
| ADMINISTRATIVE DAYS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| TRANSITIONAL IP CARE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER ACCOM | 2 | 6 | 3,831.63 | 638.61 | .002 | 1915.82 | 1.48 |
| ANCILLARIES | 2 | 0 | 8,317.42 | .00 | .000 | 4158.71 | 3.20 |
| INPATIENT CROSSOVERS | 59 | 0 | 47,834.88 | .00 | .000 | 810.76 | 18.43 |
| ALL OTHER INPATIENT | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| COMM HOSP OUTPATIENT TOTAL | 418 | 1,753 | 33,799.54 | 19.28 | .675 | 80.86 | 13.02 |
| MEDICAL | 15 | 26 | 1,342.31 | 51.63 | .010 | 89.49 | .52 |
| SURGERY | 4 | 4 | 153.14 | 38.29 | .002 | 38.29 | .06 |
| PATHOLOGY | 42 | 98 | 1,579.84 | 16.12 | .038 | 37.62 | .61 |
| RADIOLOGY | 5 | 7 | 383.86 | 54.84 | .003 | 76.77 | .15 |
| ROOM USE | 23 | 31 | 1,447.31 | 46.69 | .012 | 62.93 | .56 |
| | | | | | | | |

| CROSSOVERS/ALL OTH OUTPTNT | 370 | 1 | .,587 | | 28,893.08 | | 18.21 | .611 | | 78.09 | | 11.13 |
|------------------------------|-----------------|-------------|----------------|------|---------------------|-------|------------|------------|-----|-----------|------|-----------|
| @STATE HOSPITAL | 0 | | 0 | \$ | .00 | \$ | .00 | .000 | \$ | .00 | \$ | .00 |
| MENTALLY ILL | 0 | | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| DEVELOP. DISABLED | 0 | | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| @NURSING FACILITY | 105 | 1 | . , 948 | \$ | 283 , 997.85 | \$ | 145.79 | .750 | \$ | 2704.74 | \$ | 109.40 |
| LEV A-INTERMEDIATE | 0 | | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| LEV B-REHAB MD | 0 | | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| LEV B-SUBACUTE FREESTANDING | 0 | | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| LEV B-SUBACUTE HSPTL BASED | 0 | | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| LEV B-TRANSITIONAL IP CARE | 0 | | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| LEV B-REGULAR | 105 | 1 | ,948 | | 283 , 997.85 | | 145.79 | .750 | | 2704.74 | | 109.40 |
| @INTERMEDIATE CARE FACILDD | 0 | | 0 | \$ | .00 | \$ | .00 | .000 | \$ | .00 | \$ | .00 |
| ICF DDH | 0 | | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| ICF DD | 0 | | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| ICF DDN/DDCN | 0 | | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| @HEMODIALYSIS TOTAL | 34 | | 45 | \$ | 21,185.16 | \$ | 470.78 | .017 | \$ | 623.09 | \$ | 8.16 |
| HOSPITAL BASED | 0 | | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| HEMODIALYSIS CENTER | 34 | | 45 | | 21,185.16 | | 470.78 | .017 | | 623.09 | | 8.16 |
| @REHABILITATION FACILITY | 8 | | 83 | \$ | 1,444.53 | \$ | 17.40 | .032 | \$ | 180.57 | \$ | .56 |
| HOSPITAL BASED | 1 | | 4 | | 82.82 | | 20.71 | .002 | | 82.82 | | .03 |
| INDEPENDENT FACILITY | 7 | | 79 | | 1,361.71 | | 17.24 | .030 | | 194.53 | | .52 |
| @LABORATORY FACILITY | 23 | | 63 | \$ | 638.17 | \$ | 10.13 | .024 | \$ | 27.75 | \$ | .25 |
| PATHOLOGY | 20 | | 54 | | 620.94 | | 11.50 | .021 | | 31.05 | | .24 |
| XO AND OTHERS | 3 | | 9 | | 17.23 | | 1.91 | .003 | | 5.74 | | .01 |
| @ORGANIZED OUTPATIENT CLINIC | 293 | | 595 | \$ | 35,226.02 | \$ | 59.20 | .229 | \$ | 120.23 | \$ | 13.57 |
| CLINIC | 8 | | 10 | | 638.15 | | 63.82 | .004 | | 79.77 | | .25 |
| SURGICENTER | 2 | | 1 | | 10.00 | | 10.00 | .000 | | 5.00 | | .00 |
| HEROIN DETOX CLINIC | 0 | | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| RURAL HEALTH CLINIC | 284 | | 584 | | 34,577.87 | | 59.21 | .225 | | 121.75 | | 13.32 |
| #CALIF DEPT OF HEALTH SERV | MEDI-CAL SERVIC | CES AND EXP | PENDITUR | ES M | ONTH-OF-PAYMENT R | EPOR: | T FOR JAN | 2004 THRU | DEC | 2004 | P | AGE 1,032 |
| MOP024 | FEE-FOR-SERVICE | C/DENTAL | | | | | | | | | | 03/14/05 |
| BUTTE COUNTY | SUMMARY OF SERV | ICES FOR | IN HOME | SUP | PPORT - TOTAL | | | | | | | |
| | | | | | | | | M | ONT | HLY AVERA | GE - | |
| 2,596 ELIGIBLES | USERS | UNITS OF | SERVICE | | EXPENDITURES | AVI | ERAGE COST | UNITS/DAY | S | COST PER | (| COST PER |
| · | | OR DAYS | OF CARE | | | PEI | R UNIT/DAY | Y PER ELIG | | USER |] | ELIGIBLE |

| | | MONTF | | | | NTHLY AVERAG | GE | |
|--------------------------------|-------|------------------|----|--------------|--------------|--------------|-----------|-----------|
| 2,596 ELIGIBLES | USERS | UNITS OF SERVICE | | EXPENDITURES | AVERAGE COST | UNITS/DAYS | COST PER | COST PER |
| | | OR DAYS OF CARE | | | PER UNIT/DAY | PER ELIG | USER | ELIGIBLE |
| @ALL OTHER PROVIDERS | 977 | 47,431 | \$ | 371,221.90 | \$ 7.83 | 18.271 | \$ 379.96 | \$ 143.00 |
| DURABLE MED. EQUIP. | 29 | 79 | | 20,136.62 | 254.89 | .030 | 694.37 | 7.76 |
| BLOOD BANK | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| HEARING AID DISPENSERS | 48 | 86 | | 6,022.95 | 70.03 | .033 | 125.48 | 2.32 |
| MEDICAL TRANSPORTATION | 200 | 11,948 | | 38,977.72 | 3.26 | 4.602 | 194.89 | 15.01 |
| AMBULANCES/AIR TRANS | 18 | 41 | | 2,163.67 | 52.77 | .016 | 120.20 | .83 |
| OTHER TRANS | 177 | 11,854 | | 35,946.68 | 3.03 | 4.566 | 203.09 | 13.85 |
| OTHER SERVICES | 18 | 53 | | 867.37 | 16.37 | .020 | 48.19 | .33 |
| ACUPUNCTURE | 6 | 8 | | 140.57 | 17.57 | .003 | 23.43 | .05 |
| ADULT DAY HEALTH CARE CTR | 86 | 1,141 | | 79,406.61 | 69.59 | .440 | 923.33 | 30.59 |
| GENETIC DISEASE TESTING | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| IHMC, MODEL-NF, NF, AIDS, MSSP | 214 | 5,618 | | 192,428.04 | 34.25 | 2.164 | 899.20 | 74.12 |
| OCCUPATIONAL THERAPIST | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| OPTICIAN | 56 | 128 | | 1,433.88 | 11.20 | .049 | 25.61 | .55 |
| PHYSICAL THERAPIST | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| PORTABLE X-RAY | 2 | 3 | | 2.36 | .79 | .001 | 1.18 | .00 |
| PROSTHETIST/ORTHOTISTS | 2 | 5 | | 817.82 | 163.56 | .002 | 408.91 | .32 |
| PROSTHETICS | 2 | 5 | | 817.82 | 163.56 | .002 | 408.91 | .32 |
| ORTHOTICS | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| PSYCHOLOGIST | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| SPEECH AND AUDIOLOGY | 8 | 19 | | 2,791.84 | 146.94 | .007 | 348.98 | 1.08 |

| HOSPICE SERVICES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
|-------------------------------|-------|--------|------------------|-------------|--------|--------------|-------------|
| NONINST BIRTHING CENTERS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| LOCAL EDUCATION AGENCIES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| EPSDT SUPPLEMENTAL SERVICE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| RESPIRATORY CARE PRACT. | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PED SUBACUTE REHAB/WEANING | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER PROVIDERS | 547 | 28,396 | 29,063.49 | 1.02 | 10.938 | 53.13 | 11.20 |
| @CALIF. CHILDREN SERVICES* | 19 | 155 | \$ 8,419.98 | \$ 54.32 | .060 | \$ 443.16 | \$ 3.24 |
| @XOVER EXCLUDING STATE HOSP** | 1,122 | 18,336 | \$ 207,446.70 | \$ 11.31 | 7.063 | \$ 184.89 | \$ 79.91 |

^{0*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 1,033
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
BUTTE COUNTY SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE - AGED

| BUTTE COUNTY | SUMMARY OF SER | VICES FOR PUBLIC | ASSI | STANCE - AGED | | | | | |
|----------------------------|----------------|------------------|------|-------------------|--------------|--------|--------|----|---------|
| | | | | | | MOI | | | |
| 17,520 ELIGIBLES | USERS | UNITS OF SERVICE | | EXPENDITURES | AVERAGE COST | | | | DST PER |
| | 4.4.00= | OR DAYS OF CARE | | | PER UNIT/DAY | | USER | | LIGIBLE |
| - , | 14,827 | 323,805 | \$ | | \$ 25.18 | 18.482 | | | 465.30 |
| @PHYSICIANS SERVICES | 2,914 | 10,962 | \$ | • | \$ 11.82 | .626 | | Ş | 7.40 |
| OUTPATIENT VISITS | 37 | 52 | | 1,870.27 | 35.97 | .003 | 50.55 | | .11 |
| OFFICE VISITS | 33 | 47 | | 1,393.35 | 29.65 | .003 | 42.22 | | .08 |
| HOME VISITS | 0 | 0 | | .00 | .00 | .000 | .00 | | .00 |
| EMERGENCY ROOM | 4 | 5 | | 476.92 | 95.38 | .000 | 119.23 | | .03 |
| PREVENTIVE CARE | 0 | 0 | | .00 | .00 | .000 | .00 | | .00 |
| OB VISITS/COMPRE PERI | 0 | 0 | | .00 | .00 | .000 | .00 | | .00 |
| OTHER OUTPATIENT | 0 | 0 | | .00 | .00 | .000 | .00 | | .00 |
| INPATIENT VISITS | 8 | 16 | | 732.09 | 45.76 | .001 | 91.51 | | .04 |
| HOSPITAL VISITS | 6 | 12 | | 622.09 | 51.84 | .001 | 103.68 | | .04 |
| CRITICAL CARE | 0 | 0 | | .00 | .00 | .000 | .00 | | .00 |
| SNF/ICF/TRANS IP CARE | 2 | 4 | | 110.00 | 27.50 | .000 | 55.00 | | .01 |
| OPHTHALMOLOGICAL SERVICES | 7 | 7 | | 227.75 | 32.54 | .000 | 32.54 | | .01 |
| EXAMINATIONS | 7 | 7 | | 227.75 | 32.54 | .000 | 32.54 | | .01 |
| SERVICES AND MATERIALS | 0 | 0 | | .00 | .00 | .000 | .00 | | .00 |
| INPATIENT HOSPITAL SURGERY | 2 | 15 | | 129.07 | 8.60 | .001 | 64.54 | | .01 |
| PRINCIPAL SURGEON | 1 | 1 | | 42.07 | 42.07 | .000 | 42.07 | | .00 |
| ASSISTANT SURGEON | 0 | 0 | | .00 | .00 | .000 | .00 | | .00 |
| ANESTHESIOLOGIST | 1 | 14 | | 87.00 | 6.21 | .001 | 87.00 | | .00 |
| OUTPATIENT SURGERY | 12 | 93 | | 4,971.85 | 53.46 | .005 | 414.32 | | .28 |
| PRINCIPAL SURGEON | 10 | 19 | | 3 , 957.67 | 208.30 | .001 | 395.77 | | .23 |
| ASSISTANT SURGEON | 0 | 0 | | .00 | .00 | .000 | .00 | | .00 |
| ANESTHESIOLOGIST | 5 | 74 | | 1,014.18 | 13.71 | .004 | 202.84 | | .06 |
| DIALYSIS | 8 | 8 | | 1,800.32 | 225.04 | .000 | 225.04 | | .10 |
| PATHOLOGY | 5 | 7 | | 23.87 | 3.41 | .000 | 4.77 | | .00 |
| RADIOLOGY | 30 | 47 | | 2,002.44 | 42.61 | .003 | 66.75 | | .11 |
| PSYCHIATRY | 0 | 0 | | .00 | .00 | .000 | .00 | | .00 |
| IMMUNIZATION AND INJECTION | 4 | 5 | | 46.31 | 9.26 | .000 | 11.58 | | .00 |
| OTHER SERVICES/ALL X-OVERS | 2,844 | 10,712 | | 117,791.00 | 11.00 | .611 | 41.42 | | 6.72 |
| @PHARMACY | 12,580 | 191 , 617 | \$ | | \$ 22.41 | 10.937 | | | 245.09 |
| PRESCRIPTION DRUGS | 12,333 | 55 , 279 | | 4,161,397.49 | 75.28 | 3.155 | 337.42 | | 237.52 |
| SNF/ICF | 410 | 3,282 | | 230,188.21 | 70.14 | .187 | 561.43 | | 13.14 |
| OUTPATIENTS | 11,951 | 51 , 997 | | 3,931,209.28 | 75.60 | 2.968 | 328.94 | | 224.38 |
| MEDICAL SUPPLIES | 1,661 | 136 , 338 | | 132,599.68 | .97 | 7.782 | 79.83 | | 7.57 |
| @DENTIST | 431 | 1,494 | \$ | 73,276.65 | | .085 | | \$ | 4.18 |
| VISITS - DIAGNOSTIC | 270 | 914 | | 11,522.55 | 12.61 | .052 | 42.68 | | .66 |
| ORAL SURGERY | 68 | 160 | | 8,392.50 | 52.45 | .009 | 123.42 | | .48 |
| | | | | | | | | | |

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

| DRUGS | 0 | 0 | .00 | .00 | .000 | .00 | | .00 |
|--|-----------------|--------------------|----------------------|----------------|--------------|----------|----|-----------|
| ANESTHESIA | 0 | 0 | .00 | .00 | .000 | .00 | | .00 |
| PERIODONTICS | 24 | 26 | 2,391.00 | 91.96 | .001 | 99.63 | | .14 |
| ENDODONTICS | 17 | 18 | 3,995.00 | 221.94 | .001 | 235.00 | | .23 |
| RESTORATIVE DENTISTRY | 99 | 194 | 13,291.60 | 68.51 | .011 | 134.26 | | .76 |
| PROSTHETICS | 3 | 3 | 140.00 | 46.67 | .000 | 46.67 | | .01 |
| | 100 | 188 | 33,544.00 | 178.43 | .011 | 335.44 | | 1.91 |
| DENTURES, STAYPLATES SPACE MAINTAINERS | 0 | 100 | 33,344.00 | .00 | .000 | .00 | | .00 |
| | 0 | 0 | .00 | .00 | .000 | .00 | | .00 |
| MAXILLOFACIAL SERVICES | 0 | 0 | .00 | .00 | .000 | .00 | | .00 |
| FRACTURES, DISLOCATIONS | 0 | 0 | | | | | | |
| ORTHODONTIC SERVICES | • | • | .00 | .00 | .000 | .00 | | .00 |
| ALL OTHER SERVICES | 6 | 9CR | .00 | .00 | .001CR | .00 | | .00 |
| #CALIF DEPT OF HEALTH SERV | | | S MONTH-OF-PAYMENT F | REPORT FOR JAN | 2004 THRU DE | C 2004 | P | AGE 1,034 |
| MOP024 | FEE-FOR-SERVICE | | | | | | | 03/14/05 |
| BUTTE COUNTY | SUMMARY OF SERV | ICES FOR PUBLIC AS | SSISTANCE - AGED | | | | | |
| | | | | | MON | | - | |
| 17,520 ELIGIBLES | USERS | UNITS OF SERVICE | EXPENDITURES | AVERAGE COST | | COST PER | | COST PER |
| _ | | OR DAYS OF CARE | | PER UNIT/DAY | | USER | | ELIGIBLE |
| @OPTOMETRIST | 408 | , | 18,558.29 | \$ 18.39 | .058 \$ | | \$ | 1.06 |
| DIAGNOSTIC AND ANC. PROCED | 29 | 30 | 1,163.85 | 38.80 | .002 | 40.13 | | .07 |
| EYE APPLIANCES | 312 | 828 | 14,309.33 | 17.28 | .047 | 45.86 | | .82 |
| OTHER OPTOMETRIC SERVICES | 108 | 151 | 3,085.11 | 20.43 | .009 | 28.57 | | .18 |
| @CHIROPRACTOR | 9 | | 98.97 | \$ 9.00 | .001 \$ | | \$ | .01 |
| VISITS | 0 | 0 | .00 | .00 | .000 | .00 | | .00 |
| OTHER SERVICES | 9 | 11 | 98.97 | 9.00 | .001 | 11.00 | | .01 |
| @PODIATRIST | 361 | 489 | 4,203.55 | \$ 8.60 | .028 \$ | 11.64 | \$ | .24 |
| MEDICINE/INJECTIONS | 9 | 11 | 261.40 | 23.76 | .001 | 29.04 | | .01 |
| SURGERY/ANES. | 0 | 0 | .00 | .00 | .000 | .00 | | .00 |
| RADIO./PATHOLOGY | 0 | 0 | .00 | .00 | .000 | .00 | | .00 |
| OTHER | 352 | 478 | 3,942.15 | 8.25 | .027 | 11.20 | | .23 |
| @HOME HEALTH AGENCY | 3 | 17 | 1,140.62 | \$ 67.10 | .001 \$ | 380.21 | \$ | .07 |
| NURSE ANESTHESIST | 3 | 30 | 201.49 | \$ 6.72 | .002 \$ | 67.16 | \$ | .01 |
| NURSE MIDWIFE | 0 | 0 : | .00 | \$.00 | .000 \$ | .00 | \$ | .00 |
| PEDIATRIC NURSE PRACTITIONER | 0 | 0 : | .00 | \$.00 | .000 \$ | .00 | \$ | .00 |
| FAMILY NURSE PRACTITIONER | 5 | 11 | 230.83 | \$ 20.98 | .001 \$ | 46.17 | \$ | .01 |
| @TOTAL HOSPITAL | 2,417 | 8,613 | 965,467.65 | \$ 112.09 | .492 \$ | 399.45 | \$ | 55.11 |
| HOSP INPATIENT TOTAL | 357 | 421 | 810,464.02 | 1925.09 | .024 | 2270.21 | · | 46.26 |
| HSC HOSPITALS | 3 | 20 | 20,961.49 | 1048.07 | .001 | 6987.16 | | 1.20 |
| NON-HSC HOSPITAL TOTAL | 57 | 401 | 542,578.88 | 1353.06 | .023 | 9518.93 | | 30.97 |
| ACCOMMODATIONS | 57 | 401 | 200,370.64 | 499.68 | .023 | 3515.27 | | 11.44 |
| ADMINISTRATIVE DAYS | 0 | 0 | .00 | .00 | .000 | .00 | | .00 |
| TRANSITIONAL IP CARE | 0 | 0 | .00 | .00 | .000 | .00 | | .00 |
| ALL OTHER ACCOM | 57 | 401 | 200,370.64 | 499.68 | .023 | 3515.27 | | 11.44 |
| ANCILLARIES | 57 | 0 | 342,208.24 | .00 | .000 | 6003.65 | | 19.53 |
| INPATIENT CROSSOVERS | 297 | 0 | 246,923.65 | .00 | .000 | 831.39 | | 14.09 |
| ALL OTHER INPATIENT | 0 | 0 | .00 | .00 | .000 | .00 | | .00 |
| HOSP OUTPATIENT TOTAL | 2,281 | 8,192 | 155,003.63 | 18.92 | .468 | 67.95 | | 8.85 |
| MEDICAL | 24 | 56 | 2,798.00 | 49.96 | .003 | 116.58 | | .16 |
| SURGERY | 8 | 11 | 1 075 29 | 97 75 | 001 | 134 41 | | .10 |

8

100

15

27

5

0

0

2,201

11

30

43

21

0

0

\$

7,820

232

1,075.29

3,019.52

3,397.39

2,481.47

280.93

.00

.00

142,231.96

97.75

13.02

113.25

57.71

18.19

13.38

.00

.00

.001

.013

.002

.002

.446

.001

.000

.000

134.41

226.49

30.20

91.91

64.62

56.19 \$

.00

.00

.06

.17

.19

.14

.02

.00

.00

8.12

SURGERY

PATHOLOGY

RADIOLOGY

@COUNTY HOSPITAL TOTAL

HSC HOSPITALS

CROSSOVERS/ALL OTH OUTPINT

CO HOSPITAL INPATIENT TOTAL

ROOM USE

| NON-HSC HOSPITALS TOTAL | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
|---|------------------------------------|--|---|--|--|--|---|
| ACCOMMODATIONS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ADMINISTRATIVE DAYS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| TRANSITIONAL IP CARE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER ACCOM | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ANCILLARIES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| INPATIENT CROSSOVERS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER INPATIENT | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| CO HOSP OUTPATIENT TOTAL | 5 | 21 | 280.93 | 13.38 | .001 | 56.19 | .02 |
| MEDICAL | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| SURGERY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PATHOLOGY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| RADIOLOGY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ROOM USE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| CROSSOVERS/ALL OTH OUTPINT | 5 | 21 | 280.93 | 13.38 | .001 | 56.19 | .02 |
| #CALIF DEPT OF HEALTH SERV | MEDI-CAL SERVICE | ES AND EXPENDITURES N | MONTH-OF-PAYMENT RE | PORT FOR JAN 2 | 2004 THRU DE | C 2004 | PAGE 1,035 |
| MOP024 | FEE-FOR-SERVICE/ | DENTAL | | | | | 03/14/05 |
| | | | | | | | |
| BUTTE COUNTY | SUMMARY OF SERVI | CES FOR PUBLIC ASSI | STANCE - AGED | | | | |
| BUTTE COUNTY | SUMMARY OF SERVI | ICES FOR PUBLIC ASSI | STANCE - AGED | | MON' | THLY AVERA | GE |
| BUTTE COUNTY 17,520 ELIGIBLES | | CES FOR PUBLIC ASSION OF SERVICE | STANCE - AGED EXPENDITURES | AVERAGE COST | | THLY AVERA COST PER | GE COST PER |
| | | | | PER UNIT/DAY | UNITS/DAYS PER ELIG | COST PER USER | COST PER ELIGIBLE |
| | | UNITS OF SERVICE | | | UNITS/DAYS PER ELIG | COST PER USER | COST PER ELIGIBLE |
| 17,520 ELIGIBLES | USERS | UNITS OF SERVICE OR DAYS OF CARE | EXPENDITURES | PER UNIT/DAY | UNITS/DAYS PER ELIG .490 \$ | COST PER USER | COST PER ELIGIBLE |
| 17,520 ELIGIBLES @COMMUNITY HOSPITAL TOTAL | USERS 2,413 357 3 | UNITS OF SERVICE OR DAYS OF CARE 8,592 \$ | EXPENDITURES 965,186.72 810,464.02 | PER UNIT/DAY \$ 112.34 | UNITS/DAYS PER ELIG .490 \$ | COST PER USER 399.99 | COST PER ELIGIBLE \$ 55.09 46.26 1.20 |
| 17,520 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL | USERS 2,413 | UNITS OF SERVICE OR DAYS OF CARE 8,592 \$ 421 | EXPENDITURES 965,186.72 810,464.02 | PER UNIT/DAY \$ 112.34 1925.09 | UNITS/DAYS PER ELIG .490 \$.024 | COST PER USER 399.99 2270.21 | COST PER ELIGIBLE \$ 55.09 46.26 |
| 17,520 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS | USERS 2,413 357 3 | UNITS OF SERVICE OR DAYS OF CARE 8,592 \$ 421 20 | EXPENDITURES 965,186.72 810,464.02 20,961.49 | PER UNIT/DAY \$ 112.34 1925.09 1048.07 | UNITS/DAYS PER ELIG .490 \$.024 .001 | COST PER USER 399.99 2270.21 6987.16 | COST PER ELIGIBLE \$ 55.09 46.26 1.20 |
| 17,520 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL | USERS 2,413 357 3 57 | UNITS OF SERVICE OR DAYS OF CARE 8,592 \$ 421 20 401 | 965,186.72 810,464.02 20,961.49 542,578.88 | PER UNIT/DAY \$ 112.34 1925.09 1048.07 1353.06 | UNITS/DAYS PER ELIG .490 \$.024 .001 .023 | COST PER USER 399.99 2270.21 6987.16 9518.93 | COST PER ELIGIBLE \$ 55.09 46.26 1.20 30.97 |
| 17,520 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS | USERS 2,413 357 3 57 57 0 | UNITS OF SERVICE OR DAYS OF CARE 8,592 \$ 421 20 401 401 | 965,186.72 810,464.02 20,961.49 542,578.88 200,370.64 | PER UNIT/DAY \$ 112.34 1925.09 1048.07 1353.06 499.68 | UNITS/DAYS PER ELIG .490 \$.024 .001 .023 .023 | COST PER USER 399.99 2270.21 6987.16 9518.93 3515.27 | COST PER ELIGIBLE \$ 55.09 46.26 1.20 30.97 11.44 |
| 17,520 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS | USERS 2,413 357 3 57 57 0 0 57 | UNITS OF SERVICE OR DAYS OF CARE 8,592 \$ 421 20 401 401 | 965,186.72 810,464.02 20,961.49 542,578.88 200,370.64 | PER UNIT/DAY \$ 112.34 1925.09 1048.07 1353.06 499.68 .00 | UNITS/DAYS PER ELIG .490 \$.024 .001 .023 .023 .000 | COST PER USER 399.99 2270.21 6987.16 9518.93 3515.27 .00 | COST PER ELIGIBLE \$ 55.09 46.26 1.20 30.97 11.44 .00 |
| 17,520 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE | USERS 2,413 357 3 57 57 0 | UNITS OF SERVICE OR DAYS OF CARE 8,592 \$ 421 20 401 401 0 | 965,186.72 810,464.02 20,961.49 542,578.88 200,370.64 .00 | PER UNIT/DAY \$ 112.34 1925.09 1048.07 1353.06 499.68 .00 .00 | UNITS/DAYS PER ELIG .490 \$.024 .001 .023 .023 .000 .000 | COST PER USER 399.99 2270.21 6987.16 9518.93 3515.27 .00 .00 | COST PER ELIGIBLE \$ 55.09 46.26 1.20 30.97 11.44 .00 .00 |
| 17,520 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM | USERS 2,413 357 3 57 57 0 0 57 | UNITS OF SERVICE OR DAYS OF CARE 8,592 \$ 421 20 401 401 0 | 965,186.72 810,464.02 20,961.49 542,578.88 200,370.64 .00 .00 200,370.64 | PER UNIT/DAY \$ 112.34 1925.09 1048.07 1353.06 499.68 .00 .00 499.68 | UNITS/DAYS PER ELIG .490 \$.024 .001 .023 .023 .000 .000 .023 | COST PER USER 399.99 2270.21 6987.16 9518.93 3515.27 .00 .00 3515.27 | COST PER ELIGIBLE \$ 55.09 46.26 1.20 30.97 11.44 .00 .00 |
| 17,520 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES | USERS 2,413 357 3 57 57 0 0 57 57 | UNITS OF SERVICE OR DAYS OF CARE 8,592 \$ 421 20 401 401 0 | 965,186.72 810,464.02 20,961.49 542,578.88 200,370.64 .00 .00 200,370.64 342,208.24 | PER UNIT/DAY \$ 112.34 1925.09 1048.07 1353.06 499.68 .00 .00 499.68 | UNITS/DAYS PER ELIG .490 \$.024 .001 .023 .023 .000 .000 .000 | COST PER USER 399.99 2270.21 6987.16 9518.93 3515.27 .00 .00 3515.27 6003.65 | COST PER ELIGIBLE \$ 55.09 46.26 1.20 30.97 11.44 .00 .00 11.44 19.53 |

| 0010/ H000 0HED3ETENE E0E3E | 0 077 | 0 171 | | 154 700 70 | | 10 04 | 1.00 | | 67 05 | | 0 00 |
|------------------------------|----------------------|----------------------|-------------|-------------------|---------|-----------|------------|------|-----------------|----------|----------|
| COMM HOSP OUTPATIENT TOTAL | 2,277 24 | 8 , 171 56 | | 154,722.70 | | 18.94 | .466 | | 67.95 | | 8.83 |
| MEDICAL | | | | 2,798.00 | | 49.96 | .003 | | 116.58 | | .16 |
| SURGERY | 8 | 11 | | 1,075.29 | | 97.75 | .001 | | 134.41 | | .06 |
| PATHOLOGY | 100 | 232 | | 3,019.52 | | 13.02 | .013 | | 30.20 | | .17 |
| RADIOLOGY | 15 | 30 | | 3,397.39 | | 113.25 | .002 | | 226.49 | | .19 |
| ROOM USE | 27 | 43 | | 2,481.47 | | 57.71 | .002 | | 91.91 | | .14 |
| CROSSOVERS/ALL OTH OUTPTNT | | 7,799 | | 141,951.03 | | 18.20 | .445 | | 64.61 | | 8.10 |
| @STATE HOSPITAL | 0 | 0 | \$ | .00 | \$ | .00 | .000 | \$ | .00 | \$ | .00 |
| MENTALLY ILL | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| DEVELOP. DISABLED | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| @NURSING FACILITY | 555 | 11,140 | \$ | 1,645,407.40 | \$ | 147.70 | .636 | \$ | 2964.70 | \$ | 93.92 |
| LEV A-INTERMEDIATE | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| LEV B-REHAB MD | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| LEV B-SUBACUTE FREESTANDING | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| LEV B-SUBACUTE HSPTL BASED | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| LEV B-TRANSITIONAL IP CARE | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| LEV B-REGULAR | 555 | 11,140 | | 1,645,407.40 | | 147.70 | .636 | | 2964.70 | | 93.92 |
| @INTERMEDIATE CARE FACILDD | 0 | 0 | \$ | .00 | \$ | .00 | .000 | \$ | .00 | \$ | .00 |
| ICF DDH | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| ICF DD | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| ICF DDN/DDCN | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| @HEMODIALYSIS TOTAL | 74 | 347 | \$ | 53,322.00 | \$ | 153.67 | .020 | \$ | 720.57 | \$ | 3.04 |
| HOSPITAL BASED | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| HEMODIALYSIS CENTER | 74 | 347 | | 53,322.00 | | 153.67 | .020 | | 720.57 | | 3.04 |
| @REHABILITATION FACILITY | 0 | 0 | \$ | .00 | \$ | .00 | .000 | \$ | .00 | \$ | .00 |
| HOSPITAL BASED | 0 | 0 | • | .00 | | .00 | .000 | | .00 | • | .00 |
| INDEPENDENT FACILITY | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| @LABORATORY FACILITY | 62 | 217 | \$ | 2,303.48 | \$ | | .012 | Ś | 37.15 | Ś | .13 |
| PATHOLOGY | 49 | 190 | 7 | 2,133.35 | - | 11.23 | .011 | Т. | 43.54 | т | .12 |
| XO AND OTHERS | 13 | 27 | | 170.13 | | 6.30 | .002 | | 13.09 | | .01 |
| @ORGANIZED OUTPATIENT CLINIC | 2,139 | 3,733 | \$ | 178,804.85 | \$ | | .213 | Ś | 83.59 | Ś | 10.21 |
| CLINIC | 46 | 108 | т | 4,878.19 | Ψ. | 45.17 | .006 | т | 106.05 | т | .28 |
| SURGICENTER | 18 | 17 | | 2,854.64 | | 167.92 | .001 | | 158.59 | | .16 |
| HEROIN DETOX CLINIC | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| RURAL HEALTH CLINIC | 2,081 | 3,608 | | 171,072.02 | | 47.41 | .206 | | 82.21 | | 9.76 |
| #CALIF DEPT OF HEALTH SERV | MEDI-CAL SERVICES AN | | IRES M | | FPOR | | | DEC | | DΔ | GE 1,036 |
| MOP024 | FEE-FOR-SERVICE/DENT | | /1\11\0\11\ | ONTH OF TATHENT M | LI (I). | I ION OAN | 2004 11110 | | 2001 | 1.77 | 03/14/05 |
| BUTTE COUNTY | SUMMARY OF SERVICES | | ACCT | STANCE - ACED | | | | | | | 03/14/03 |
| DOILE COOMIL | SOMMAN OF SERVICES | TOW EODDIA | , ADDI | STANCE AGED | | | M | | ערט אוודט אוודט | CF - | |
| | | | | | | | [v] | OINT | IIII AVEKA | <u>-</u> | |

| | | | | | MOIN | TIITI AVEKA | GE |
|--------------------------------|----------------|--------------------|---------------------|--------------|------------|-------------|----------|
| 17,520 ELIGIBLES | USERS | UNITS OF SERVICE | EXPENDITURES | AVERAGE COST | UNITS/DAYS | COST PER | COST PER |
| | | OR DAYS OF CARE | | PER UNIT/DAY | PER ELIG | USER | ELIGIBLE |
| @ALL OTHER PROVIDERS | 3 , 387 | 94 , 115 \$ | 785 , 473.40 | \$ 8.35 | 5.372 \$ | 231.91 | \$ 44.83 |
| DURABLE MED. EQUIP. | 89 | 212 | 25 , 361.29 | 119.63 | .012 | 284.96 | 1.45 |
| BLOOD BANK | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| HEARING AID DISPENSERS | 320 | 561 | 47,352.25 | 84.41 | .032 | 147.98 | 2.70 |
| MEDICAL TRANSPORTATION | 473 | 25 , 913 | 92,666.40 | 3.58 | 1.479 | 195.91 | 5.29 |
| AMBULANCES/AIR TRANS | 41 | 63 | 4,921.52 | 78.12 | .004 | 120.04 | .28 |
| OTHER TRANS | 418 | 25 , 632 | 86,456.28 | 3.37 | 1.463 | 206.83 | 4.93 |
| OTHER SERVICES | 45 | 218 | 1,288.60 | 5.91 | .012 | 28.64 | .07 |
| ACUPUNCTURE | 24 | 57 | 978.59 | 17.17 | .003 | 40.77 | .06 |
| ADULT DAY HEALTH CARE CTR | 235 | 3,205 | 223,082.37 | 69.60 | .183 | 949.29 | 12.73 |
| GENETIC DISEASE TESTING | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| IHMC, MODEL-NF, NF, AIDS, MSSP | 499 | 4,680 | 263,608.03 | 56.33 | .267 | 528.27 | 15.05 |
| OCCUPATIONAL THERAPIST | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OPTICIAN | 370 | 847 | 9,978.83 | 11.78 | .048 | 26.97 | .57 |
| PHYSICAL THERAPIST | 1 | 6 | 7.62 | 1.27 | .000 | 7.62 | .00 |
| | | | | | | | |

| .06 .06 |
|------------|
| 0.6 |
| . 0 0 |
| .00 |
| .00 |
| .65 |
| 1.47 |
| .00 |
| .00 |
| .00 |
| .00 |
| .00 |
| 4.82 |
| .00 |
| 6.20 |
| 4 |

^{0*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 1,037 MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05

BUTTE COUNTY SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE - BLIND

| BUTTE COUNTY | SUMMARY OF SER | VICES FOR PUBLIC AS |) D T | STANCE - BLIND | | | | |
|----------------------------|----------------|---------------------|-------|--------------------|-------------|------------|-------------|--------------|
| | | | | | | MO | | |
| 2,882 ELIGIBLES | USERS | UNITS OF SERVICE | | EXPENDITURES | | UNITS/DAYS | COST PER | COST PER |
| | | OR DAYS OF CARE | | | R UNIT/DAY | | USER | ELIGIBLE |
| @TOTAL, ALL PROVIDERS | 2,385 | • | Ş | 2,361,212.31 | \$ 19.09 | 42.912 | 990.03 | 819.30 |
| @PHYSICIANS SERVICES | 646 | 3 , 135 | Ì | 59 , 099.55 | \$ | 1.088 | \$ 91.49 | \$ 20.51 |
| OUTPATIENT VISITS | 209 | 314 | | 11,554.39 | 36.80 | .109 | 55.28 | 4.01 |
| OFFICE VISITS | 169 | 251 | | 8 , 027.67 | 31.98 | .087 | 47.50 | 2.79 |
| HOME VISITS | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| EMERGENCY ROOM | 34 | 53 | | 3,222.36 | 60.80 | .018 | 94.78 | 1.12 |
| PREVENTIVE CARE | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| OB VISITS/COMPRE PERI | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| OTHER OUTPATIENT | 10 | 10 | | 304.36 | 30.44 | .003 | 30.44 | .11 |
| INPATIENT VISITS | 44 | 122 | | 4,861.06 | 39.84 | .042 | 110.48 | 1.69 |
| HOSPITAL VISITS | 24 | 92 | | 4,015.96 | 43.65 | .032 | 167.33 | 1.39 |
| CRITICAL CARE | 2 | 3 | | 364.80 | 121.60 | .001 | 182.40 | .13 |
| SNF/ICF/TRANS IP CARE | 20 | 27 | | 480.30 | 17.79 | .009 | 24.02 | .17 |
| OPHTHALMOLOGICAL SERVICES | 29 | 30 | | 1,178.67 | 39.29 | .010 | 40.64 | .41 |
| EXAMINATIONS | 29 | 30 | | 1,178.67 | 39.29 | .010 | 40.64 | .41 |
| SERVICES AND MATERIALS | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| INPATIENT HOSPITAL SURGERY | 8 | 54 | | 4,910.06 | 90.93 | .019 | 613.76 | 1.70 |
| PRINCIPAL SURGEON | 6 | 23 | | 4,423.35 | 192.32 | .008 | 737.23 | 1.53 |
| ASSISTANT SURGEON | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| ANESTHESIOLOGIST | 3 | 31 | | 486.71 | 15.70 | .011 | 162.24 | .17 |
| OUTPATIENT SURGERY | 44 | 191 | | 11,706.50 | 61.29 | .066 | 266.06 | 4.06 |
| PRINCIPAL SURGEON | 33 | 42 | | 9,013.35 | 214.60 | .015 | 273.13 | 3.13 |
| ASSISTANT SURGEON | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| ANESTHESIOLOGIST | 15 | 149 | | 2,693.15 | 18.07 | .052 | 179.54 | .93 |
| DIALYSIS | 10 | 15 | | 3,207.16 | 213.81 | .005 | 320.72 | 1.11 |
| PATHOLOGY | 17 | 28 | | 712.26 | 25.44 | .010 | 41.90 | .25 |
| RADIOLOGY | 124 | 217 | | 5,495.65 | 25.33 | .075 | 44.32 | 1.91 |
| PSYCHIATRY | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| IMMUNIZATION AND INJECTION | 10 | 1,156 | | 1,781.70 | 1.54 | .401 | 178.17 | .62 |
| OTHER SERVICES/ALL X-OVERS | 338 | 1,008 | | 13,692.10 | 13.58 | .350 | 40.51 | 4.75 |
| @PHARMACY | 1,898 | | Š | 938,051.65 | \$ | 19.357 | \$ | \$ 325.49 |
| PRESCRIPTION DRUGS | 1,835 | 9,670 | | 868,044.50 | 89.77 | 3.355 | 473.05 | 301.20 |
| | · · | · · | | · · | | | | |

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

| SNF/ICF | 65 | 462 | | 23,997.58 | | 51.94 | .160 | | 369.19 | | 8.33 | |
|----------------------------|--------------------------|------------|----------|---------------|---------|----------|-----------|-----|--------|-----|----------|--|
| OUTPATIENTS | 1,772 | 9,208 | | 844,046.92 | | 91.66 | 3.195 | | 476.32 | | 292.87 | |
| MEDICAL SUPPLIES | 428 4 | 16,118 | | 70,007.15 | | 1.52 | 16.002 | | 163.57 | | 24.29 | |
| @DENTIST | 92 | 482 | \$ | 15,930.95 | \$ | 33.05 | .167 | \$ | 173.16 | \$ | 5.53 | |
| VISITS - DIAGNOSTIC | 72 | 297 | | 3,898.85 | | 13.13 | .103 | | 54.15 | | 1.35 | |
| ORAL SURGERY | 14 | 43 | | 1,932.10 | | 44.93 | .015 | | 138.01 | | .67 | |
| DRUGS | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 | |
| ANESTHESIA | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 | |
| PERIODONTICS | 8 | 13 | | 1,254.00 | | 96.46 | .005 | | 156.75 | | .44 | |
| ENDODONTICS | 7 | 8 | | 2,270.00 | 2 | 283.75 | .003 | | 324.29 | | .79 | |
| RESTORATIVE DENTISTRY | 28 | 75 | | 3,878.00 | | 51.71 | .026 | | 138.50 | | 1.35 | |
| PROSTHETICS | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 | |
| DENTURES, STAYPLATES | 9 | 38 | | 2,698.00 | | 71.00 | .013 | | 299.78 | | .94 | |
| SPACE MAINTAINERS | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 | |
| MAXILLOFACIAL SERVICES | 1 | 1 | | .00 | | .00 | .000 | | .00 | | .00 | |
| FRACTURES, DISLOCATIONS | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 | |
| ORTHODONTIC SERVICES | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 | |
| ALL OTHER SERVICES | 3 | 7 | | .00 | | .00 | .002 | | .00 | | .00 | |
| #CALIF DEPT OF HEALTH SERV | MEDI-CAL SERVICES AND EX | KPENDITURE | S MONTH- | OF-PAYMENT RE | EPORT F | OR JAN 2 | 2004 THRU | DEC | 2004 | PAG | GE 1,038 | |
| MOP024 | FEE-FOR-SERVICE/DENTAL | | | | | | | | | | 03/14/05 | |
| BUTTE COUNTY | SUMMARY OF SERVICES FOR | PUBLIC A | SSISTANC | E - BLIND | | | | | | | | |
| | | | | | | | | | | | | |

ONE / TOP

----- MONTHLY AVERAGE -----2,882 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE @OPTOMETRIST 123 4,873.11 \$ 39.62 .043 \$ 88.60 \$ 1.69 47.41 49.67 DIAGNOSTIC AND ANC. PROCED 1,043.03 .008 3,609.82 41.49 .030 109.39 EYE APPLIANCES 15.73 24.47 OTHER OPTOMETRIC SERVICES 9 14 220.26 .005 0 .00 \$.00 \$ @CHIROPRACTOR .00 .000 \$ 0 0 56 \$.00 .00 VISITS .00 .000 .00 .00 OTHER SERVICES .00 .000 864.41 \$ 15.44 @PODIATRIST .019 \$ 17.64 \$ 415.90 12 31.99 34.66 MEDICINE/INJECTIONS .005 .14 .00 .00 SURGERY/ANES. 0 .000 .00 RADIO./PATHOLOGY 3 51.90 17.30 .001 25.95 OTHER 37 40 396.61 9.92 .014 10.72 .14 40 818 @HOME HEALTH AGENCY 22,004.88 \$ 26.90 .284 \$ 1000.22 \$ 23 \$ 199.78 \$ 8.69 .008 \$ 66.59 \$.07 NURSE ANESTHESIST .00 \$.00 \$.00 .000 \$.00 NURSE MIDWIFE .00 \$.00 \$ PEDIATRIC NURSE PRACTITIONER .00 .000 \$ 26 \$ 522.32 \$.009 \$ FAMILY NURSE PRACTITIONER 14 20.09 37.31 \$ 147.76 2178.16 .00 2038.86 627.83 .00 .00 627.83 .00 .00 .00 .00 .00 555 2,847 420,670.30 \$ 147.76 .988 \$ 757.96 \$ 145.96 @TOTAL HOSPITAL 2178.16 HOSP INPATIENT TOTAL 161 350,683.46 .056 6376.06 121.68 .000 0 HSC HOSPITALS .00 30 328,257.09 NON-HSC HOSPITAL TOTAL 161 2038.86 .056 10941.90 113.90 101,080.92 3369.36 161 627.83 .056 ACCOMMODATIONS .00 .000 ADMINISTRATIVE DAYS 0 0 TRANSITIONAL IP CARE .00 .000 .00 .00 161 101,080.92 .056 3369.36 35.07 ALL OTHER ACCOM 30 0 7572.54 78.83 ANCILLARIES 227,176.17 .000 22,426.37 897.05 7.78 INPATIENT CROSSOVERS 0 .000 0 0 .00 .000 .00 .00 ALL OTHER INPATIENT 2,686 69,986.84 .932 536 130.57 24.28 HOSP OUTPATIENT TOTAL 111.64 150 333 16,745.28 50.29 MEDICAL .116 5.81 2,048.48 7,358.95 31 36 56.90 .012 66.08 SURGERY .71 51.46 PATHOLOGY 143 13.48 .189

| RADIOLOGY | 83 | 122 | 8,321.41 | 68.21 | .042 | 100.26 | 2.89 |
|-----------------------------|--------------------------|-------------|---------------------|---------------|--------------|---------|------------|
| ROOM USE | 151 | 348 | 14,446.47 | 41.51 | .121 | 95.67 | 5.01 |
| CROSSOVERS/ALL OTH OUTPTNT | 324 | 1,301 | 21,066.25 | 16.19 | .451 | 65.02 | 7.31 |
| @COUNTY HOSPITAL TOTAL | 0 | 0 \$ | .00 | \$.00 | | | \$.00 |
| CO HOSPITAL INPATIENT TOTAL | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| HSC HOSPITALS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| NON-HSC HOSPITALS TOTAL | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ACCOMMODATIONS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ADMINISTRATIVE DAYS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| TRANSITIONAL IP CARE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER ACCOM | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ANCILLARIES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| INPATIENT CROSSOVERS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER INPATIENT | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| CO HOSP OUTPATIENT TOTAL | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| MEDICAL | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| SURGERY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PATHOLOGY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| RADIOLOGY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ROOM USE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| CROSSOVERS/ALL OTH OUTPINT | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| #CALIF DEPT OF HEALTH SERV | MEDI-CAL SERVICES AND EX | XPENDITURES | MONTH-OF-PAYMENT RE | EPORT FOR JAN | 2004 THRU DI | EC 2004 | PAGE 1,039 |
| MOP024 | FEE-FOR-SERVICE/DENTAL | | | | | | 03/14/05 |
| BUTTE COUNTY | SUMMARY OF SERVICES FOR | PUBLIC ASS | SISTANCE - BLIND | | | | |
| | | | | | | | |

| BUILE COUNTI | SUMMARI OF SER | VICES FOR PUBLIC | ASSI | SIANCE - BLIND | | | | | |
|-----------------------------|----------------|------------------|------|----------------|--------------|------------|-------------|------|---------|
| | | | | | | MO | NTHLY AVERA | GE - | |
| 2,882 ELIGIBLES | USERS | UNITS OF SERVICE | C | EXPENDITURES | AVERAGE COST | UNITS/DAYS | COST PER | С | OST PER |
| | | OR DAYS OF CARE | C | | PER UNIT/DAY | PER ELIG | USER | E | LIGIBLE |
| @COMMUNITY HOSPITAL TOTAL | 555 | 2,847 | \$ | 420,670.30 | \$ 147.76 | .988 | \$ 757.96 | \$ | 145.96 |
| COMM HOSP INPATIENT TOTAL | 55 | 161 | | 350,683.46 | 2178.16 | .056 | 6376.06 | | 121.68 |
| HSC HOSPITALS | 0 | 0 | | .00 | .00 | .000 | .00 | | .00 |
| NON-HSC HOSPITALS TOTAL | 30 | 161 | | 328,257.09 | 2038.86 | .056 | 10941.90 | | 113.90 |
| ACCOMMODATIONS | 30 | 161 | | 101,080.92 | 627.83 | .056 | 3369.36 | | 35.07 |
| ADMINISTRATIVE DAYS | 0 | 0 | | .00 | .00 | .000 | .00 | | .00 |
| TRANSITIONAL IP CARE | 0 | 0 | | .00 | .00 | .000 | .00 | | .00 |
| ALL OTHER ACCOM | 30 | 161 | | 101,080.92 | 627.83 | .056 | 3369.36 | | 35.07 |
| ANCILLARIES | 30 | 0 | | 227,176.17 | .00 | .000 | 7572.54 | | 78.83 |
| INPATIENT CROSSOVERS | 25 | 0 | | 22,426.37 | .00 | .000 | 897.05 | | 7.78 |
| ALL OTHER INPATIENT | 0 | 0 | | .00 | .00 | .000 | .00 | | .00 |
| COMM HOSP OUTPATIENT TOTAL | 536 | 2 , 686 | | 69,986.84 | 26.06 | .932 | 130.57 | | 24.28 |
| MEDICAL | 150 | 333 | | 16,745.28 | 50.29 | .116 | 111.64 | | 5.81 |
| SURGERY | 31 | 36 | | 2,048.48 | 56.90 | .012 | 66.08 | | .71 |
| PATHOLOGY | 143 | 546 | | ., | 13.48 | .189 | 51.46 | | 2.55 |
| RADIOLOGY | 83 | 122 | | 8,321.41 | 68.21 | .042 | 100.26 | | 2.89 |
| ROOM USE | 151 | 348 | | 14,446.47 | 41.51 | .121 | 95.67 | | 5.01 |
| CROSSOVERS/ALL OTH OUTPTNT | 324 | 1,301 | | 21,066.25 | 16.19 | .451 | 65.02 | | 7.31 |
| @STATE HOSPITAL | 0 | 0 | \$ | .00 | \$.00 | .000 | \$.00 | \$ | .00 |
| MENTALLY ILL | 0 | 0 | | .00 | .00 | .000 | .00 | | .00 |
| DEVELOP. DISABLED | 0 | 0 | | .00 | .00 | .000 | .00 | | .00 |
| @NURSING FACILITY | 59 | 1,356 | \$ | 194,132.76 | \$ 143.17 | .471 | \$ 3290.39 | \$ | 67.36 |
| LEV A-INTERMEDIATE | 0 | 0 | | .00 | .00 | .000 | .00 | | .00 |
| LEV B-REHAB MD | 0 | 0 | | .00 | .00 | .000 | .00 | | .00 |
| LEV B-SUBACUTE FREESTANDING | 0 | 0 | | .00 | .00 | .000 | .00 | | .00 |
| LEV B-SUBACUTE HSPTL BASED | 0 | 0 | | .00 | .00 | .000 | .00 | | .00 |
| LEV B-TRANSITIONAL IP CARE | 0 | 0 | | .00 | .00 | .000 | .00 | | .00 |
| LEV B-REGULAR | 59 | 1 , 356 | | 194,132.76 | 143.17 | .471 | 3290.39 | | 67.36 |
| @INTERMEDIATE CARE FACILDD | 59 | 1 , 729 | \$ | 348,756.77 | \$ 201.71 | .600 | \$ 5911.13 | \$ | 121.01 |

| ICF DDH | 12 | 313 | | 53,573.17 | | 171.16 | .109 | | 4464.43 | | 18.59 |
|------------------------------|------------------|------------------|----------|---------------------|----------|------------|-------------|----------|----------|----------|-----------|
| ICF DD | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| ICF DDN/DDCN | 47 | 1,416 | | 295,183.60 | | 208.46 | .491 | | 6280.50 | | 102.42 |
| @HEMODIALYSIS TOTAL | 58 | | \$ | 64,141.83 | \$ | 24.19 | .920 | Ś | 1105.89 | ċ | 22.26 |
| HOSPITAL BASED | 0 | 2,652 0 | Ą | .00 | ې | .00 | .000 | Ş | .00 | Ą | .00 |
| HEMODIALYSIS CENTER | 58 | • | | 64,141.83 | | 24.19 | .920 | | 1105.89 | | 22.26 |
| | 39 | 2,652 | Ċ | • | ć | | | ć | | Ċ | |
| @REHABILITATION FACILITY | 39 | 385 32 | \$ | 6,493.76 | \$ | | | \$ | | Ş | 2.25 |
| HOSPITAL BASED | 32 | 32 353 | | 787.40 | | 24.61 | .011 | | 112.49 | | .27 |
| INDEPENDENT FACILITY | | | <u> </u> | 5,706.36 | ^ | 16.17 | .122 | <u> </u> | 178.32 | <u> </u> | 1.98 |
| @LABORATORY FACILITY | 87 | 363 | \$ | 5,186.31 | \$ | 14.29 | | \$ | 59.61 | \$ | 1.80 |
| PATHOLOGY | 83 | 355 | | 5,157.71 | | 14.53 | .123 | | 62.14 | | 1.79 |
| XO AND OTHERS | 4 | 8 | | 28.60 | | 3.58 | .003 | | 7.15 | | .01 |
| @ORGANIZED OUTPATIENT CLINIC | 500 | 961 | \$ | 101,296.39 | Ş | 105.41 | .333 | Ş | 202.59 | Ş | 35.15 |
| CLINIC | 16 | 46 | | 2,967.18 | | 64.50 | .016 | | 185.45 | | 1.03 |
| SURGICENTER | 5 | 23 | | 1,255.97 | | 54.61 | .008 | | 251.19 | | . 44 |
| HEROIN DETOX CLINIC | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| RURAL HEALTH CLINIC | 481 | 892 | | 97,073.24 | | 108.83 | .310 | | 201.82 | | 33.68 |
| #CALIF DEPT OF HEALTH SERV | | | RES I | MONTH-OF-PAYMENT R | EPOR' | r for Jan | 2004 THRU 1 | DEC | 2004 | P | AGE 1,040 |
| MOP024 | FEE-FOR-SERVICE/ | | | | | | | | | | 03/14/05 |
| BUTTE COUNTY | SUMMARY OF SERVI | CES FOR PUBLIC | ASS | ISTANCE - BLIND | | | | | | | |
| | | | | | | | MO | | | - | |
| 2,882 ELIGIBLES | USERS | UNITS OF SERVICE | | EXPENDITURES | | | UNITS/DAY: | 3 | COST PER | | COST PER |
| | | OR DAYS OF CAR | E | | | R UNIT/DAY | | | USER | | ELIGIBLE |
| @ALL OTHER PROVIDERS | 554 | 52 , 928 | \$ | 178 , 987.54 | \$ | | 18.365 | \$ | | \$ | 62.11 |
| DURABLE MED. EQUIP. | 39 | 127 | | 28,338.12 | | 223.13 | .044 | | 726.62 | | 9.83 |
| BLOOD BANK | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| HEARING AID DISPENSERS | 57 | 112 | | 9,376.48 | | 83.72 | .039 | | 164.50 | | 3.25 |
| MEDICAL TRANSPORTATION | 127 | 5,819 | | 28 , 776.22 | | 4.95 | 2.019 | | 226.58 | | 9.98 |
| AMBULANCES/AIR TRANS | 40 | 252 | | 5,297.09 | | 21.02 | .087 | | 132.43 | | 1.84 |
| OTHER TRANS | 90 | 5,532 | | 23,436.97 | | 4.24 | 1.920 | | 260.41 | | 8.13 |
| OTHER SERVICES | 4 | 35 | | 42.16 | | 1.20 | .012 | | 10.54 | | .01 |
| ACUPUNCTURE | 2 | 2 | | 32.44 | | 16.22 | .001 | | 16.22 | | .01 |
| | | | | | | | | | | | |

| 13 | 227 | | 15 , 794.66 | | 69.58 | .079 | 1214.97 | | 5.48 |
|-----|--|---|---------------------------------------|--|--|---|---|--|--|
| 0 | 0 | | .00 | | .00 | .000 | .00 | 1 | .00 |
| 80 | 1,627 | | 59,581.33 | | 36.62 | .565 | 744.77 | | 20.67 |
| 0 | 0 | | .00 | | .00 | .000 | .00 | | .00 |
| 39 | 88 | | 3,946.31 | | 44.84 | .031 | 101.19 | 1 | 1.37 |
| 3 | 26 | | 402.13 | | 15.47 | .009 | 134.04 | | .14 |
| 1 | 1 | | .61 | | .61 | .000 | .61 | | .00 |
| 11 | 22 | | 2,986.54 | | 135.75 | .008 | 271.50 | | 1.04 |
| 10 | 21 | | 2,944.54 | | 140.22 | .007 | 294.45 | | 1.02 |
| 1 | 1 | | 42.00 | | 42.00 | .000 | 42.00 | | .01 |
| 3 | 10 | | 693.40 | | 69.34 | .003 | 231.13 | | .24 |
| 8 | 15 | | 830.16 | | 55.34 | .005 | 103.77 | | .29 |
| 1 | 15 | | 1,704.30 | | 113.62 | .005 | 1704.30 | | .59 |
| 0 | 0 | | .00 | | .00 | .000 | .00 | | .00 |
| 39 | 1,685 | | 12,456.82 | | 7.39 | .585 | 319.41 | | 4.32 |
| 0 | 0 | | .00 | | .00 | .000 | .00 | | .00 |
| 0 | 0 | | .00 | | .00 | .000 | .00 | | .00 |
| 0 | 0 | | .00 | | .00 | .000 | .00 | | .00 |
| 225 | 43,152 | | 14,068.02 | | .33 | 14.973 | 62.52 | | 4.88 |
| 85 | 964 | \$ | 59,137.05 | \$ | 61.35 | | | \$ | 20.52 |
| 589 | 5 , 700 | \$ | 129,071.21 | \$ | 22.64 | 1.978 | \$ 219.14 | \$ | 44.79 |
| | 0 39 3 1 11 10 1 3 8 1 0 39 0 0 0 225 85 | 0 80 1,627 0 0 39 88 3 26 1 1 11 22 10 21 1 3 10 8 15 1 15 0 0 39 1,685 0 0 0 0 0 225 43,152 85 | 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 | 0 0 .00 80 1,627 59,581.33 0 0 .00 39 88 3,946.31 3 26 402.13 1 1 .61 11 22 2,986.54 10 21 2,944.54 1 1 42.00 3 10 693.40 8 15 830.16 1 15 1,704.30 0 0 .00 39 1,685 12,456.82 0 0 .00 0 0 .00 0 0 .00 0 0 .00 225 43,152 14,068.02 964 \$ 59,137.05 | 0 0 .00 80 1,627 59,581.33 0 0 .00 39 88 3,946.31 3 26 402.13 1 1 .61 11 22 2,986.54 10 21 2,944.54 1 1 42.00 3 10 693.40 8 15 830.16 1 15 1,704.30 0 .00 39 1,685 12,456.82 0 .00 0 .00 0 .00 0 .00 0 .00 0 .00 0 .00 0 .00 0 .00 0 .00 0 .00 0 .00 0 .00 0 .00 0 .00 0 .00 0 .00 0 .00 | 0 0 .00 .00 80 1,627 59,581.33 36.62 0 0 .00 .00 39 88 3,946.31 44.84 3 26 402.13 15.47 1 1 .61 .61 11 22 2,986.54 135.75 10 21 2,944.54 140.22 1 1 42.00 42.00 3 10 693.40 69.34 8 15 830.16 55.34 1 15 1,704.30 113.62 0 0 .00 .00 39 1,685 12,456.82 7.39 0 0 .00 .00 0 0 .00 .00 0 0 .00 .00 0 0 .00 .00 0 0 .00 .00 25 43,152 14,068.02 .33 85 964 \$ 59,137.05 \$ 61.35 | 0 0 .00 .00 .000 80 1,627 59,581.33 36.62 .565 0 0 .00 .00 .000 39 88 3,946.31 44.84 .031 3 26 402.13 15.47 .009 1 1 .61 .61 .000 11 22 2,986.54 135.75 .008 10 21 2,944.54 140.22 .007 1 1 42.00 42.00 .000 3 10 693.40 69.34 .003 8 15 830.16 55.34 .005 1 15 1,704.30 113.62 .005 0 0 .00 .00 .000 39 1,685 12,456.82 7.39 .585 0 0 .00 .00 .000 0 0 .00 .00 .000 0 0 .00 .00 .000 0 .00 .00 <td>0 0 .00 .00 .000 .00 80 1,627 59,581.33 36.62 .565 744.77 0 0 .00 .00 .000 .000 39 88 3,946.31 44.84 .031 101.19 3 26 402.13 15.47 .009 134.04 1 1 .61 .61 .000 .61 11 22 2,986.54 135.75 .008 271.50 10 21 2,944.54 140.22 .007 294.45 1 1 42.00 42.00 .000 42.00 3 10 693.40 69.34 .003 231.13 8 15 830.16 55.34 .005 103.77 1 15 1,704.30 113.62 .005 1704.30 0 0 .00 .00 .00 .00 39 1,685 12,456.82 7.39 .585 319.41 0 0 .00 .00 .00</td> <td>0 0 .00 .00 .00 .00 80 1,627 59,581.33 36.62 .565 744.77 0 0 .00 .00 .000 .00 39 88 3,946.31 44.84 .031 101.19 3 26 402.13 15.47 .009 134.04 1 1 .61 .61 .000 .61 11 22 2,986.54 135.75 .008 271.50 10 21 2,944.54 140.22 .007 294.45 1 1 42.00 42.00 .000 42.00 3 10 693.40 69.34 .003 231.13 8 15 830.16 55.34 .005 103.77 1 15 1,704.30 113.62 .005 1704.30 0 0 .00 .00 .00 .00 39 1,685 12,456.82 7.39 .585 319.41 0 0 .00 .00 .00</td> | 0 0 .00 .00 .000 .00 80 1,627 59,581.33 36.62 .565 744.77 0 0 .00 .00 .000 .000 39 88 3,946.31 44.84 .031 101.19 3 26 402.13 15.47 .009 134.04 1 1 .61 .61 .000 .61 11 22 2,986.54 135.75 .008 271.50 10 21 2,944.54 140.22 .007 294.45 1 1 42.00 42.00 .000 42.00 3 10 693.40 69.34 .003 231.13 8 15 830.16 55.34 .005 103.77 1 15 1,704.30 113.62 .005 1704.30 0 0 .00 .00 .00 .00 39 1,685 12,456.82 7.39 .585 319.41 0 0 .00 .00 .00 | 0 0 .00 .00 .00 .00 80 1,627 59,581.33 36.62 .565 744.77 0 0 .00 .00 .000 .00 39 88 3,946.31 44.84 .031 101.19 3 26 402.13 15.47 .009 134.04 1 1 .61 .61 .000 .61 11 22 2,986.54 135.75 .008 271.50 10 21 2,944.54 140.22 .007 294.45 1 1 42.00 42.00 .000 42.00 3 10 693.40 69.34 .003 231.13 8 15 830.16 55.34 .005 103.77 1 15 1,704.30 113.62 .005 1704.30 0 0 .00 .00 .00 .00 39 1,685 12,456.82 7.39 .585 319.41 0 0 .00 .00 .00 |

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 1,041
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
BUTTE COUNTY SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE - DISABLED

----- MONTHLY AVERAGE -----

UNITS OF SERVICE 114,497 ELIGIBLES USERS EXPENDITURES AVERAGE COST UNITS/DAYS COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE 100,096 83,251,787.42 831.72 \$ @TOTAL, ALL PROVIDERS 2,181,248 \$ 38.17 19.051 \$ 727.11 @PHYSICIANS SERVICES 23,964 83,712 2,902,130.62 34.67 .731 \$ 121.10 \$ OUTPATIENT VISITS 8,442 11,444 442,267.43 38.65 .100 52.39 3.86 OFFICE VISITS 6,704 8,793 291,242.78 33.12 .077 43.44 2.54 27 51.36 .000 68.48 HOME VISITS 1,849.00 .02 EMERGENCY ROOM 1,437 1,437 1 1,946 121,623.52 62.50 .017 84.64 1.06 1 PREVENTIVE CARE 35.77 35.77 .000 35.77 .00 67 88 9,354.57 106.30 .001 139.62 OB VISITS/COMPRE PERI 507 580 18,161.79 31.31 .005 35.82 OTHER OUTPATIENT .16 INPATIENT VISITS 1,931 9,226 405,302.03 43.93 .081 209.89 3.54 8,314 1,651 325,450.70 39.14 197.12 HOSPITAL VISITS .073 CRITICAL CARE 147 513 69,466.74 135.41 .004 472.56 .61 10,384.59 SNF/ICF/TRANS IP CARE 270 399 26.03 .003 38.46 .09 815 933 37,510.87 40.20 .008 OPHTHALMOLOGICAL SERVICES 37,410.87 EXAMINATIONS 810 928 40.31 .008 46.19 .33 5 5 100.00 20.00 .000 20.00 SERVICES AND MATERIALS .00 855 446,203.54 82.65 521.88 INPATIENT HOSPITAL SURGERY 5,399 .047 669 533.61 1,049 356,984.36 340.31 .009 PRINCIPAL SURGEON 3.12 92 93 18,482.71 198.74 200.90 ASSISTANT SURGEON .001 .16 ANESTHESIOLOGIST 266 4,257 16.62 .037 265.93 .62 70,736.47 237.00 OUTPATIENT SURGERY 1,665 5,186 394,600.90 76.09 .045 3.45 1,882 340,995.82 181.19 241.67 PRINCIPAL SURGEON 1,411 .016 2.98 16 93.38 .000 93.38 ASSISTANT SURGEON 1,494.08 332 15.85 ANESTHESIOLOGIST 3,288 52,111.00 .029 156.96 .46 81 251 21,532.19 DIALYSIS 85.79 .002 265.83 .19 PATHOLOGY 999 2,333 63,514.03 27.22 .020 63.58

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

| | | 4 = 000 | | | | | | | | | |
|----------------------------|--------------------|------------------|-------|---------------------|------|--------|-------|-----|--------|----|-------------|
| RADIOLOGY | 7,978 | 15 , 900 | | 494,201.28 | | 31.08 | .139 | | 61.95 | | 4.32 |
| PSYCHIATRY | 5 | 7 | | 383.11 | | 54.73 | .000 | | 76.62 | | .00 |
| IMMUNIZATION AND INJECTION | 406 | 8 , 236 | | 109,150.79 | | 13.25 | .072 | | 268.84 | | .95 |
| OTHER SERVICES/ALL X-OVERS | 9 , 590 | 24 , 797 | | 487 , 464.45 | | 19.66 | .217 | | 50.83 | | 4.26 |
| @PHARMACY | 80,070 | 1,021,331 | \$ | 40,854,765.41 | \$ | 40.00 | 8.920 | \$ | 510.24 | \$ | 356.82 |
| PRESCRIPTION DRUGS | 78,854 | 395 , 318 | | 39,377,859.44 | | 99.61 | 3.453 | | 499.38 | | 343.92 |
| SNF/ICF | 1,257 | 10,678 | | 899,029.01 | | 84.19 | .093 | | 715.22 | | 7.85 |
| OUTPATIENTS | 77,760 | 384,640 | | 38,478,830.43 | | 100.04 | 3.359 | | 494.84 | | 336.07 |
| MEDICAL SUPPLIES | 9,886 | 626,013 | | 1,476,905.97 | | 2.36 | 5.468 | | 149.39 | | 12.90 |
| @DENTIST | 4,288 | 19,569 | \$ | 817,028.22 | \$ | 41.75 | .171 | \$ | 190.54 | \$ | 7.14 |
| VISITS - DIAGNOSTIC | 2,880 | 11,640 | | 152,461.56 | | 13.10 | .102 | | 52.94 | | 1.33 |
| ORAL SURGERY | 695 | 2,050 | | 107,247.55 | | 52.32 | .018 | | 154.31 | | .94 |
| DRUGS | 16 | 16 | | 300.00 | | 18.75 | .000 | | 18.75 | | .00 |
| ANESTHESIA | 26 | 29 | | 2,320.00 | | 80.00 | .000 | | 89.23 | | .02 |
| PERIODONTICS | 279 | 302 | | 31,891.00 | | 105.60 | .003 | | 114.30 | | .28 |
| ENDODONTICS | 311 | 481 | | 113,109.00 | | 235.15 | .004 | | 363.69 | | .99 |
| RESTORATIVE DENTISTRY | 1,227 | 3,399 | | 228,239.65 | | 67.15 | .030 | | 186.01 | | 1.99 |
| PROSTHETICS | 36 | . 36 | | 1,005.00 | | 27.92 | .000 | | 27.92 | | .01 |
| DENTURES, STAYPLATES | 455 | 1,309 | | 163,345.30 | | 124.79 | .011 | | 359.00 | | 1.43 |
| SPACE MAINTAINERS | 4 | 5 | | 831.00 | | 166.20 | .000 | | 207.75 | | .01 |
| MAXILLOFACIAL SERVICES | 11 | 12 | | 4,198.84 | | 349.90 | .000 | | 381.71 | | .04 |
| FRACTURES, DISLOCATIONS | 1 | 2 | | 444.32 | | 222.16 | .000 | | 444.32 | | .00 |
| ORTHODONTIC SERVICES | 102 | 139 | | 11,335.00 | | 81.55 | .001 | | 111.13 | | .10 |
| ALL OTHER SERVICES | 97 | 149 | | 300.00 | | 2.01 | .001 | | 3.09 | | .00 |
| #CALIF DEPT OF HEALTH SERV | MEDI-CAL SERVICES | | RES M | | EPOR | | | DEC | | PZ | AGE 1,042 |
| MOP024 | FEE-FOR-SERVICE/DE | | - | | | | | | | | 03/14/05 |
| BUTTE COUNTY | SUMMARY OF SERVICE | | ASSI | STANCE - DISABLED | | | | | | | 22, = 1, 00 |
| | | | | | | | | | | | |

| DOTTE COONTI | DOMMANT OF DER | VICES FOR TODDIC | MOOT | DIANCE DIDADED | | | | | | |
|------------------------------|-----------------|------------------|------|--------------------|-------------|-------|----|------------|-----|----------|
| | | | | | | | | THLY AVERA | GE. | |
| 114,497 ELIGIBLES | USERS | UNITS OF SERVICE | | EXPENDITURES | ERAGE COST | | S | COST PER | | COST PER |
| | | OR DAYS OF CARE | | | R UNIT/DAY | | | USER | | ELIGIBLE |
| @OPTOMETRIST | 3 , 150 | 8 , 557 | \$ | 176,538.80 | \$ 20.63 | .075 | \$ | | \$ | 1.54 |
| DIAGNOSTIC AND ANC. PROCED | 1,398 | 1,470 | | 61,141.18 | 41.59 | .013 | | 43.73 | | .53 |
| EYE APPLIANCES | 2,381 | 6 , 693 | | 107,592.91 | 16.08 | .058 | | 45.19 | | .94 |
| OTHER OPTOMETRIC SERVICES | 293 | 394 | | 7,804.71 | 19.81 | .003 | | 26.64 | | .07 |
| @CHIROPRACTOR | 356 | 656 | \$ | 10,579.67 | \$ 16.13 | .006 | \$ | 29.72 | \$ | .09 |
| VISITS | 336 | 633 | | 10,236.82 | 16.17 | .006 | | 30.47 | | .09 |
| OTHER SERVICES | 20 | 23 | | 342.85 | 14.91 | .000 | | 17.14 | | .00 |
| @PODIATRIST | 969 | 1,750 | \$ | 24,017.29 | \$ 13.72 | .015 | \$ | 24.79 | \$ | .21 |
| MEDICINE/INJECTIONS | 360 | 404 | | 10,543.19 | 26.10 | .004 | | 29.29 | | .09 |
| SURGERY/ANES. | 3 | 5 | | 184.30 | 36.86 | .000 | | 61.43 | | .00 |
| RADIO./PATHOLOGY | 27 | 36 | | 624.52 | 17.35 | .000 | | 23.13 | | .01 |
| OTHER | 605 | 1,305 | | 12,665.28 | 9.71 | .011 | | 20.93 | | .11 |
| @HOME HEALTH AGENCY | 661 | 33 , 436 | \$ | 1,079,346.38 | \$ 32.28 | .292 | \$ | 1632.90 | \$ | 9.43 |
| NURSE ANESTHESIST | 188 | 2,259 | \$ | 22,426.17 | \$ 9.93 | .020 | \$ | 119.29 | \$ | .20 |
| NURSE MIDWIFE | 127 | 822 | \$ | 19 , 350.68 | \$ 23.54 | .007 | \$ | 152.37 | \$ | .17 |
| PEDIATRIC NURSE PRACTITIONER | 1 | 1 | \$ | 18.10 | \$ 18.10 | .000 | \$ | 18.10 | \$ | .00 |
| FAMILY NURSE PRACTITIONER | 760 | 1,602 | \$ | 25 , 186.27 | \$ 15.72 | .014 | \$ | 33.14 | \$ | .22 |
| @TOTAL HOSPITAL | 25 , 494 | 136,611 | \$ | 21,693,204.82 | \$ | 1.193 | \$ | | \$ | 189.47 |
| HOSP INPATIENT TOTAL | 2 , 115 | 8 , 878 | | 17,813,441.66 | 2006.47 | .078 | | 8422.43 | | 155.58 |
| HSC HOSPITALS | 156 | 1,320 | | 1,935,546.60 | 1466.32 | .012 | | 12407.35 | | 16.90 |
| NON-HSC HOSPITAL TOTAL | 1,385 | 7 , 558 | | 15,360,432.15 | 2032.34 | .066 | | 11090.56 | | 134.16 |
| ACCOMMODATIONS | 1,384 | 7 , 558 | | 4,804,387.23 | 635.67 | .066 | | 3471.38 | | 41.96 |
| ADMINISTRATIVE DAYS | 3 | 26 | | 5 , 194.46 | 199.79 | .000 | | 1731.49 | | .05 |
| TRANSITIONAL IP CARE | 0 | 0 | | .00 | .00 | .000 | | .00 | | .00 |
| ALL OTHER ACCOM | 1,381 | 7,532 | | 4,799,192.77 | 637.17 | .066 | | 3475.16 | | 41.92 |
| ANCILLARIES | 1,385 | 0 | | 10,556,044.92 | .00 | .000 | | 7621.69 | | 92.19 |
| | | | | | | | | | | |

| INPATIENT CROSSOVERS | 600 | 0 | 517,462.91 | .00 | .000 | 862.44 | 4.52 |
|---|---|---|--|--|---|--|---|
| ALL OTHER INPATIENT | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| HOSP OUTPATIENT TOTAL | 24,804 | 127,733 | 3,879,763.16 | 30.37 | 1.116 | 156.42 | 33.89 |
| MEDICAL | 9,263 | 18,178 | 950,539.76 | 52.29 | .159 | 102.62 | 8.30 |
| SURGERY | 1,492 | 1,799 | 89,185.73 | 49.58 | .016 | 59.78 | .78 |
| PATHOLOGY | 8,842 | 39,577 | 514,981.34 | 13.01 | .346 | 58.24 | 4.50 |
| RADIOLOGY | 5,603 | 8,823 | 690,519.61 | 78.26 | .077 | 123.24 | 6.03 |
| ROOM USE | 9 , 279 12 , 746 | 15,388 | 610,135.97 | 39.65 | .134 | 65.75 | 5.33 8.95 |
| CROSSOVERS/ALL OTH OUTPTNT @COUNTY HOSPITAL TOTAL | 12 , 746 | 43 , 968 206 \$ | 1,024,400.75 | 23.30 \$ 239.81 | .384 | 80.37 \$ 932.10 | |
| CO HOSPITAL INPATIENT TOTAL | | 206 ş 23 | 44,609.88 | 1939.56 | .002 | 8921.98 | .39 |
| HSC HOSPITALS | 2 | 13 | 16,616.00 | 1278.15 | .000 | 5538.67 | .15 |
| NON-HSC HOSPITALS TOTAL | 2 | 10 | 27,993.88 | 2799.39 | .000 | 13996.94 | .24 |
| ACCOMMODATIONS | 2 | 10 | 11,096.00 | 1109.60 | .000 | 5548.00 | .10 |
| ADMINISTRATIVE DAYS | <u>2</u> | 0 | .00 | .00 | .000 | .00 | .00 |
| TRANSITIONAL IP CARE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER ACCOM | 2 | 10 | 11,096.00 | 1109.60 | .000 | 5548.00 | .10 |
| ANCILLARIES | 2 | 0 | 16,897.88 | .00 | .000 | 8448.94 | .15 |
| INPATIENT CROSSOVERS | 0 | | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER INPATIENT | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| | 48 | 183 | 4,791.16 | 26.18 | .002 | 99.82 | .04 |
| MEDICAL | 18 | 20 | 674.41 | 33.72 | .000 | 37.47 | |
| SURGERY | 4 | 6 | 312.66 | 52.11 | .000 | 78.17 | .00 |
| PATHOLOGY | 14 | 50 | 850.46 | 17 01 | .000 | 60.75 | .01 |
| RADIOLOGY | 7 | 12 | 786.27 | 65.52 | .000 | 112.32 | .01 |
| ROOM USE | 28 | 31 | 1,378.84 | 44.48 | .000 | 49.24 | .01 |
| CROSSOVERS/ALL OTH OUTPINT | | 64 | 788.52 | 12.32 | .001 | 32.86 | .01 |
| #CALIF DEPT OF HEALTH SERV | MEDI-CAL SERVI | CES AND EXPENDITURES N | MONTH-OF-PAYMENT RE | EPORT FOR JAN 2 | 2004 THRU D | EC 2004 | PAGE 1,043 |
| | | | | | | | |
| MOP024 | FEE-FOR-SERVICE | | | | | .20 2001 | 03/14/05 |
| MOP024 BUTTE COUNTY | | | | | | .20 2001 | |
| BUTTE COUNTY | SUMMARY OF SER | E/DENTAL VICES FOR PUBLIC ASS | ISTANCE - DISABLED | | MC | ONTHLY AVERA | 03/14/05 GE |
| | | E/DENTAL VICES FOR PUBLIC ASS: UNITS OF SERVICE | | AVERAGE COST | MC | ONTHLY AVERA | 03/14/05 GE COST PER |
| BUTTE COUNTY 114,497 ELIGIBLES | SUMMARY OF SER | E/DENTAL VICES FOR PUBLIC ASS: UNITS OF SERVICE OR DAYS OF CARE | ISTANCE - DISABLED EXPENDITURES | AVERAGE COST PER UNIT/DAY | MC UNITS/DAYS PER ELIG | ONTHLY AVERA COST PER USER | 03/14/05 GE COST PER ELIGIBLE |
| BUTTE COUNTY 114,497 ELIGIBLES @COMMUNITY HOSPITAL TOTAL | SUMMARY OF SERVUSERS | E/DENTAL VICES FOR PUBLIC ASS: UNITS OF SERVICE OR DAYS OF CARE 136,405 \$ | EXPENDITURES 21,643,803.78 | AVERAGE COST PER UNIT/DAY \$ 158.67 | MC UNITS/DAYS PER ELIG 1.191 | ONTHLY AVERA COST PER USER \$ 850.48 | 03/14/05 GE COST PER ELIGIBLE \$ 189.03 |
| BUTTE COUNTY 114,497 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL | SUMMARY OF SERVUSERS 25,449 2,111 | E/DENTAL VICES FOR PUBLIC ASS: UNITS OF SERVICE OR DAYS OF CARE 136,405 \$ 8,855 | EXPENDITURES 21,643,803.78 17,768,831.78 | AVERAGE COST PER UNIT/DAY \$ 158.67 2006.64 | MC UNITS/DAYS PER ELIG 1.191 .077 | ONTHLY AVERA COST PER USER \$ 850.48 8417.26 | 03/14/05 GE COST PER ELIGIBLE \$ 189.03 155.19 |
| BUTTE COUNTY 114,497 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS | SUMMARY OF SERV USERS 25,449 2,111 153 | E/DENTAL VICES FOR PUBLIC ASS: UNITS OF SERVICE OR DAYS OF CARE 136,405 \$ 8,855 1,307 | EXPENDITURES 21,643,803.78 17,768,831.78 1,918,930.60 | AVERAGE COST PER UNIT/DAY \$ 158.67 2006.64 | MC UNITS/DAYS PER ELIG 1.191 .077 | ONTHLY AVERA COST PER USER \$ 850.48 8417.26 12542.03 | 03/14/05 GE COST PER ELIGIBLE \$ 189.03 155.19 16.76 |
| BUTTE COUNTY 114,497 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL | SUMMARY OF SERVE USERS 25,449 2,111 153 1,383 | E/DENTAL VICES FOR PUBLIC ASS: UNITS OF SERVICE OR DAYS OF CARE 136,405 \$ 8,855 1,307 7,548 | EXPENDITURES 21,643,803.78 17,768,831.78 1,918,930.60 15,332,438.27 | AVERAGE COST PER UNIT/DAY \$ 158.67 2006.64 1468.19 2031.32 | MC UNITS/DAYS PER ELIG 1.191 .077 .011 .066 | ONTHLY AVERA COST PER USER \$ 850.48 8417.26 12542.03 11086.36 | 03/14/05 GE COST PER ELIGIBLE \$ 189.03 155.19 16.76 133.91 |
| BUTTE COUNTY 114,497 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS | SUMMARY OF SERV USERS 25,449 2,111 153 1,383 1,382 | E/DENTAL VICES FOR PUBLIC ASS: UNITS OF SERVICE OR DAYS OF CARE 136,405 \$ 8,855 1,307 7,548 7,548 | EXPENDITURES 21,643,803.78 17,768,831.78 1,918,930.60 15,332,438.27 4,793,291.23 | AVERAGE COST PER UNIT/DAY \$ 158.67 2006.64 1468.19 2031.32 635.04 | MC UNITS/DAYS PER ELIG 1.191 .077 .011 .066 .066 | ONTHLY AVERA COST PER USER \$ 850.48 8417.26 12542.03 11086.36 3468.37 | 03/14/05 GE COST PER ELIGIBLE \$ 189.03 155.19 16.76 133.91 41.86 |
| BUTTE COUNTY 114,497 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS | SUMMARY OF SERVE USERS 25,449 2,111 153 1,383 1,382 3 | E/DENTAL VICES FOR PUBLIC ASS: UNITS OF SERVICE OR DAYS OF CARE 136,405 \$ 8,855 1,307 7,548 7,548 26 | EXPENDITURES 21,643,803.78 17,768,831.78 1,918,930.60 15,332,438.27 4,793,291.23 5,194.46 | AVERAGE COST PER UNIT/DAY \$ 158.67 2006.64 1468.19 2031.32 635.04 199.79 | MC UNITS/DAYS PER ELIG 1.191 .077 .011 .066 .066 | ONTHLY AVERA COST PER USER \$ 850.48 8417.26 12542.03 11086.36 3468.37 1731.49 | 03/14/05 GE COST PER ELIGIBLE \$ 189.03 155.19 16.76 133.91 41.86 .05 |
| BUTTE COUNTY 114,497 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE | SUMMARY OF SER USERS 25,449 2,111 153 1,383 1,382 3 0 | E/DENTAL VICES FOR PUBLIC ASS: UNITS OF SERVICE OR DAYS OF CARE 136,405 \$ 8,855 1,307 7,548 7,548 26 0 | EXPENDITURES 21,643,803.78 17,768,831.78 1,918,930.60 15,332,438.27 4,793,291.23 5,194.46 .00 | AVERAGE COST PER UNIT/DAY \$ 158.67 2006.64 1468.19 2031.32 635.04 199.79 .00 | MC UNITS/DAYS PER ELIG 1.191 .077 .011 .066 .066 .000 .000 | ONTHLY AVERA COST PER USER \$ 850.48 8417.26 12542.03 11086.36 3468.37 1731.49 .00 | 03/14/05 GE COST PER ELIGIBLE \$ 189.03 155.19 16.76 133.91 41.86 .05 .00 |
| BUTTE COUNTY 114,497 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM | SUMMARY OF SERVE USERS 25,449 2,111 153 1,383 1,382 3 0 1,379 | E/DENTAL VICES FOR PUBLIC ASS: UNITS OF SERVICE OR DAYS OF CARE 136,405 \$ 8,855 1,307 7,548 7,548 26 0 | EXPENDITURES 21,643,803.78 17,768,831.78 1,918,930.60 15,332,438.27 4,793,291.23 5,194.46 .00 4,788,096.77 | AVERAGE COST PER UNIT/DAY \$ 158.67 2006.64 1468.19 2031.32 635.04 199.79 .00 636.55 | MC UNITS/DAYS PER ELIG 1.191 .077 .011 .066 .066 .000 .000 .000 | ONTHLY AVERA S COST PER USER \$ 850.48 8417.26 12542.03 11086.36 3468.37 1731.49 .00 3472.15 | 03/14/05 GE COST PER ELIGIBLE \$ 189.03 155.19 16.76 133.91 41.86 .05 .00 41.82 |
| BUTTE COUNTY 114,497 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES | SUMMARY OF SER USERS 25,449 2,111 153 1,383 1,382 3 0 1,379 1,383 | E/DENTAL VICES FOR PUBLIC ASS: UNITS OF SERVICE OR DAYS OF CARE 136,405 \$ 8,855 1,307 7,548 7,548 7,548 26 0 7,522 0 | EXPENDITURES 21,643,803.78 17,768,831.78 1,918,930.60 15,332,438.27 4,793,291.23 5,194.46 .00 4,788,096.77 10,539,147.04 | AVERAGE COST PER UNIT/DAY \$ 158.67 2006.64 1468.19 2031.32 635.04 199.79 .00 636.55 .00 | MC UNITS/DAYS PER ELIG 1.191 .077 .011 .066 .066 .000 .000 | ONTHLY AVERA S COST PER USER \$ 850.48 8417.26 12542.03 11086.36 3468.37 1731.49 .00 3472.15 7620.50 | 03/14/05 GE COST PER ELIGIBLE \$ 189.03 155.19 16.76 133.91 41.86 .05 .00 41.82 92.05 |
| BUTTE COUNTY 114,497 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS | USERS 25,449 2,111 153 1,383 1,382 3 0 1,379 1,383 600 | E/DENTAL VICES FOR PUBLIC ASS: UNITS OF SERVICE OR DAYS OF CARE 136,405 \$ 8,855 1,307 7,548 7,548 26 0 7,522 0 0 | EXPENDITURES 21,643,803.78 17,768,831.78 1,918,930.60 15,332,438.27 4,793,291.23 5,194.46 .00 4,788,096.77 10,539,147.04 517,462.91 | AVERAGE COST PER UNIT/DAY \$ 158.67 2006.64 1468.19 2031.32 635.04 199.79 .00 636.55 .00 | MC UNITS/DAYS PER ELIG 1.191 .077 .011 .066 .066 .000 .000 .000 | ONTHLY AVERA S COST PER USER \$ 850.48 8417.26 12542.03 11086.36 3468.37 1731.49 .00 3472.15 7620.50 862.44 | 03/14/05 GE COST PER ELIGIBLE \$ 189.03 155.19 16.76 133.91 41.86 .05 .00 41.82 92.05 4.52 |
| BUTTE COUNTY 114,497 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT | USERS 25,449 2,111 153 1,383 1,382 3 0 1,379 1,383 600 0 | E/DENTAL VICES FOR PUBLIC ASS: UNITS OF SERVICE OR DAYS OF CARE 136,405 \$ 8,855 1,307 7,548 7,548 26 0 7,522 0 0 0 | EXPENDITURES 21,643,803.78 17,768,831.78 1,918,930.60 15,332,438.27 4,793,291.23 5,194.46 .00 4,788,096.77 10,539,147.04 517,462.91 | AVERAGE COST PER UNIT/DAY \$ 158.67 2006.64 1468.19 2031.32 635.04 199.79 .00 636.55 .00 .00 | MC UNITS/DAYS PER ELIG 1.191 .077 .011 .066 .066 .000 .000 .0066 .000 | DNTHLY AVERA COST PER USER \$ 850.48 8417.26 12542.03 11086.36 3468.37 1731.49 .00 3472.15 7620.50 862.44 .00 | 03/14/05 GE COST PER ELIGIBLE \$ 189.03 155.19 16.76 133.91 41.86 .05 .00 41.82 92.05 4.52 .00 |
| BUTTE COUNTY 114,497 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL | USERS 25,449 2,111 153 1,383 1,382 3 0 1,379 1,383 600 0 24,763 | E/DENTAL VICES FOR PUBLIC ASS: UNITS OF SERVICE OR DAYS OF CARE 136,405 \$ 8,855 1,307 7,548 7,548 26 0 7,522 0 0 0 127,550 | EXPENDITURES 21,643,803.78 17,768,831.78 1,918,930.60 15,332,438.27 4,793,291.23 5,194.46 .00 4,788,096.77 10,539,147.04 517,462.91 .00 3,874,972.00 | AVERAGE COST PER UNIT/DAY \$ 158.67 2006.64 1468.19 2031.32 635.04 199.79 .00 636.55 .00 .00 .00 | MC UNITS/DAYS PER ELIG 1.191 .077 .011 .066 .066 .000 .000 .000 .000 .000 | ONTHLY AVERA S COST PER USER \$ 850.48 8417.26 12542.03 11086.36 3468.37 1731.49 .00 3472.15 7620.50 862.44 .00 156.48 | 03/14/05 GE COST PER ELIGIBLE \$ 189.03 155.19 16.76 133.91 41.86 .05 .00 41.82 92.05 4.52 .00 33.84 |
| BUTTE COUNTY 114,497 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL | USERS 25,449 2,111 153 1,383 1,382 3 0 1,379 1,383 600 0 24,763 9,246 | E/DENTAL VICES FOR PUBLIC ASS: UNITS OF SERVICE OR DAYS OF CARE 136,405 \$ 8,855 1,307 7,548 7,548 26 0 7,522 0 0 0 127,550 18,158 | EXPENDITURES 21,643,803.78 17,768,831.78 1,918,930.60 15,332,438.27 4,793,291.23 5,194.46 .00 4,788,096.77 10,539,147.04 517,462.91 .00 3,874,972.00 949,865.35 | AVERAGE COST PER UNIT/DAY \$ 158.67 2006.64 1468.19 2031.32 635.04 199.79 .00 636.55 .00 .00 .00 | MC UNITS/DAYS PER ELIG 1.191 .077 .011 .066 .066 .000 .000 .000 .000 .000 | DNTHLY AVERA S COST PER USER \$ 850.48 8417.26 12542.03 11086.36 3468.37 1731.49 .00 3472.15 7620.50 862.44 .00 156.48 102.73 | 03/14/05 GE COST PER ELIGIBLE \$ 189.03 155.19 16.76 133.91 41.86 .05 .00 41.82 92.05 4.52 .00 33.84 8.30 |
| BUTTE COUNTY 114,497 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY | USERS 25,449 2,111 153 1,383 1,382 3 0 1,379 1,383 600 0 24,763 9,246 1,488 | E/DENTAL VICES FOR PUBLIC ASS: UNITS OF SERVICE OR DAYS OF CARE 136,405 \$ 8,855 1,307 7,548 7,548 26 0 7,522 0 0 0 127,550 18,158 1,793 | EXPENDITURES 21,643,803.78 17,768,831.78 1,918,930.60 15,332,438.27 4,793,291.23 5,194.46 .00 4,788,096.77 10,539,147.04 517,462.91 .00 3,874,972.00 949,865.35 88,873.07 | AVERAGE COST PER UNIT/DAY \$ 158.67 2006.64 1468.19 2031.32 635.04 199.79 .00 636.55 .00 .00 .00 .30.38 52.31 49.57 | MC UNITS/DAYS PER ELIG 1.191 .077 .011 .066 .066 .000 .000 .000 .000 .000 | DNTHLY AVERA COST PER USER \$ 850.48 8417.26 12542.03 11086.36 3468.37 1731.49 .00 3472.15 7620.50 862.44 .00 156.48 102.73 59.73 | 03/14/05 GE COST PER ELIGIBLE \$ 189.03 155.19 16.76 133.91 41.86 .05 .00 41.82 92.05 4.52 .00 33.84 8.30 .78 |
| BUTTE COUNTY 114,497 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY | USERS 25,449 2,111 153 1,383 1,382 3 0 1,379 1,383 600 0 24,763 9,246 1,488 8,828 | E/DENTAL VICES FOR PUBLIC ASS: UNITS OF SERVICE OR DAYS OF CARE 136,405 \$ 8,855 1,307 7,548 7,548 26 0 0 7,522 0 0 0 127,550 18,158 1,793 39,527 | EXPENDITURES 21,643,803.78 17,768,831.78 1,918,930.60 15,332,438.27 4,793,291.23 5,194.46 .00 4,788,096.77 10,539,147.04 517,462.91 .00 3,874,972.00 949,865.35 88,873.07 514,130.88 | AVERAGE COST PER UNIT/DAY \$ 158.67 2006.64 1468.19 2031.32 635.04 199.79 .00 636.55 .00 .00 .00 30.38 52.31 49.57 13.01 | MC UNITS/DAYS PER ELIG 1.191 .077 .011 .066 .066 .000 .000 .000 .000 .000 | DNTHLY AVERA COST PER USER \$ 850.48 8417.26 12542.03 11086.36 3468.37 1731.49 .00 3472.15 7620.50 862.44 .00 156.48 102.73 59.73 58.24 | 03/14/05 GE COST PER ELIGIBLE \$ 189.03 155.19 16.76 133.91 41.86 .05 .00 41.82 92.05 4.52 .00 33.84 8.30 .78 4.49 |
| BUTTE COUNTY 114,497 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY | USERS 25,449 2,111 153 1,383 1,382 3 0 1,379 1,383 600 0 24,763 9,246 1,488 8,828 5,597 | E/DENTAL VICES FOR PUBLIC ASS: UNITS OF SERVICE OR DAYS OF CARE 136,405 \$ 8,855 1,307 7,548 7,548 26 0 7,522 0 0 0 127,550 18,158 1,793 39,527 8,811 | EXPENDITURES 21,643,803.78 17,768,831.78 1,918,930.60 15,332,438.27 4,793,291.23 5,194.46 00 4,788,096.77 10,539,147.04 517,462.91 00 3,874,972.00 949,865.35 88,873.07 514,130.88 689,733.34 | AVERAGE COST PER UNIT/DAY \$ 158.67 2006.64 1468.19 2031.32 635.04 199.79 .00 636.55 .00 .00 .00 30.38 52.31 49.57 13.01 78.28 | MC UNITS/DAYS PER ELIG 1.191 .077 .011 .066 .066 .000 .000 .000 .000 .1114 .159 .016 .345 .077 | \$ COST PER USER \$ 850.48 8417.26 12542.03 11086.36 3468.37 1731.49 .00 3472.15 7620.50 862.44 .00 156.48 102.73 59.73 58.24 123.23 | 03/14/05 GE COST PER ELIGIBLE \$ 189.03 155.19 16.76 133.91 41.86 .05 .00 41.82 92.05 4.52 .00 33.84 8.30 .78 4.49 6.02 |
| BUTTE COUNTY 114,497 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE | USERS 25,449 2,111 153 1,383 1,382 3 0 1,379 1,383 600 0 24,763 9,246 1,488 8,828 5,597 9,253 | E/DENTAL VICES FOR PUBLIC ASS: UNITS OF SERVICE OR DAYS OF CARE 136,405 \$ 8,855 1,307 7,548 7,548 26 0 0 7,522 0 0 0 127,550 18,158 1,793 39,527 8,811 15,357 | EXPENDITURES 21,643,803.78 17,768,831.78 1,918,930.60 15,332,438.27 4,793,291.23 5,194.46 000 4,788,096.77 10,539,147.04 517,462.91 00 3,874,972.00 949,865.35 88,873.07 514,130.88 689,733.34 608,757.13 | AVERAGE COST PER UNIT/DAY \$ 158.67 2006.64 1468.19 2031.32 635.04 199.79 .00 636.55 .00 .00 .00 30.38 52.31 49.57 13.01 78.28 39.64 | MC UNITS/DAYS PER ELIG 1.191 .077 .011 .066 .066 .000 .000 .000 .000 .114 .159 .016 .345 .077 .134 | \$ COST PER USER \$ 850.48 8417.26 12542.03 11086.36 3468.37 1731.49 .00 3472.15 7620.50 862.44 .00 156.48 102.73 59.73 58.24 123.23 65.79 | 03/14/05 GE COST PER ELIGIBLE \$ 189.03 155.19 16.76 133.91 41.86 .05 .00 41.82 92.05 4.52 .00 33.84 8.30 .78 4.49 6.02 5.32 |
| BUTTE COUNTY 114,497 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE CROSSOVERS/ALL OTH OUTPTNT | USERS 25,449 2,111 153 1,383 1,382 3 0 1,379 1,383 600 0 24,763 9,246 1,488 8,828 5,597 9,253 12,726 | E/DENTAL VICES FOR PUBLIC ASS: UNITS OF SERVICE OR DAYS OF CARE 136,405 \$ 8,855 1,307 7,548 7,548 26 0 7,522 0 0 0 127,550 18,158 1,793 39,527 8,811 15,357 43,904 | EXPENDITURES 21,643,803.78 17,768,831.78 1,918,930.60 15,332,438.27 4,793,291.23 5,194.46 .00 4,788,096.77 10,539,147.04 517,462.91 .00 3,874,972.00 949,865.35 88,873.07 514,130.88 689,733.34 608,757.13 1,023,612.23 | AVERAGE COST PER UNIT/DAY \$ 158.67 2006.64 1468.19 2031.32 635.04 199.79 .00 636.55 .00 .00 .00 30.38 52.31 49.57 13.01 78.28 39.64 23.31 | MC UNITS/DAYS PER ELIG 1.191 .077 .011 .066 .066 .000 .000 .000 .000 .114 .159 .016 .345 .077 .134 .383 | \$ COST PER USER \$ 850.48 8417.26 12542.03 11086.36 3468.37 1731.49 .00 3472.15 7620.50 862.44 .00 156.48 102.73 59.73 58.24 123.23 65.79 80.43 | 03/14/05 GE COST PER ELIGIBLE \$ 189.03 155.19 16.76 133.91 41.86 .05 .00 41.82 92.05 4.52 .00 33.84 8.30 .78 4.49 6.02 5.32 8.94 |
| BUTTE COUNTY 114,497 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE CROSSOVERS/ALL OTH OUTPTNT | USERS 25,449 2,111 153 1,383 1,382 3 0 1,379 1,383 600 0 24,763 9,246 1,488 8,828 5,597 9,253 | E/DENTAL VICES FOR PUBLIC ASS: UNITS OF SERVICE OR DAYS OF CARE 136,405 \$ 8,855 1,307 7,548 7,548 26 0 7,522 0 0 0 127,550 18,158 1,793 39,527 8,811 15,357 43,904 45 \$ | EXPENDITURES 21,643,803.78 17,768,831.78 1,918,930.60 15,332,438.27 4,793,291.23 5,194.46 00 4,788,096.77 10,539,147.04 517,462.91 00 3,874,972.00 949,865.35 88,873.07 514,130.88 689,733.34 608,757.13 1,023,612.23 24,489.17 | AVERAGE COST PER UNIT/DAY \$ 158.67 2006.64 1468.19 2031.32 635.04 199.79 .00 636.55 .00 .00 .00 30.38 52.31 49.57 13.01 78.28 39.64 23.31 \$ 544.20 | MC UNITS/DAYS PER ELIG 1.191 .077 .011 .066 .066 .000 .000 .000 .000 .1114 .159 .016 .345 .077 .134 .383 .000 | \$ COST PER USER \$ 850.48 8417.26 12542.03 11086.36 3468.37 1731.49 .00 3472.15 7620.50 862.44 .00 156.48 102.73 59.73 58.24 123.23 65.79 80.43 \$ 12244.59 | 03/14/05 GE COST PER ELIGIBLE \$ 189.03 |
| BUTTE COUNTY 114,497 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE CROSSOVERS/ALL OTH OUTPTNT | USERS 25,449 2,111 153 1,383 1,382 3 0 1,379 1,383 600 0 24,763 9,246 1,488 8,828 5,597 9,253 12,726 2 0 | E/DENTAL VICES FOR PUBLIC ASS: UNITS OF SERVICE OR DAYS OF CARE 136,405 \$ 8,855 1,307 7,548 7,548 26 0 7,522 0 0 0 127,550 18,158 1,793 39,527 8,811 15,357 43,904 | EXPENDITURES 21,643,803.78 17,768,831.78 1,918,930.60 15,332,438.27 4,793,291.23 5,194.46 .00 4,788,096.77 10,539,147.04 517,462.91 .00 3,874,972.00 949,865.35 88,873.07 514,130.88 689,733.34 608,757.13 1,023,612.23 | AVERAGE COST PER UNIT/DAY \$ 158.67 2006.64 1468.19 2031.32 635.04 199.79 .00 636.55 .00 .00 .00 30.38 52.31 49.57 13.01 78.28 39.64 23.31 | MC UNITS/DAYS PER ELIG 1.191 .077 .011 .066 .066 .000 .000 .000 .000 .114 .159 .016 .345 .077 .134 .383 | \$ COST PER USER \$ 850.48 8417.26 12542.03 11086.36 3468.37 1731.49 .00 3472.15 7620.50 862.44 .00 156.48 102.73 59.73 58.24 123.23 65.79 80.43 | 03/14/05 GE COST PER ELIGIBLE \$ 189.03 155.19 16.76 133.91 41.86 .05 .00 41.82 92.05 4.52 .00 33.84 8.30 .78 4.49 6.02 5.32 8.94 |
| BUTTE COUNTY 114,497 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE CROSSOVERS/ALL OTH OUTPTNT @STATE HOSPITAL MENTALLY ILL | USERS 25,449 2,111 153 1,383 1,382 3 0 1,379 1,383 600 0 24,763 9,246 1,488 8,828 5,597 9,253 12,726 | E/DENTAL VICES FOR PUBLIC ASS: UNITS OF SERVICE OR DAYS OF CARE 136,405 \$ 8,855 1,307 7,548 7,548 26 0 7,522 0 0 0 127,550 18,158 1,793 39,527 8,811 15,357 43,904 45 \$ 0 | EXPENDITURES 21,643,803.78 17,768,831.78 1,918,930.60 15,332,438.27 4,793,291.23 5,194.46 .00 4,788,096.77 10,539,147.04 517,462.91 .00 3,874,972.00 949,865.35 88,873.07 514,130.88 689,733.34 608,757.13 1,023,612.23 24,489.17 | AVERAGE COST PER UNIT/DAY \$ 158.67 2006.64 1468.19 2031.32 635.04 199.79 .00 636.55 .00 .00 .00 .30.38 52.31 49.57 13.01 78.28 39.64 23.31 \$ 544.20 .00 | MC UNITS/DAYS PER ELIG 1.191 .077 .011 .066 .066 .000 .000 .000 .000 .1114 .159 .016 .345 .077 .134 .383 .000 .000 .000 | ONTHLY AVERA S COST PER USER \$ 850.48 8417.26 12542.03 11086.36 3468.37 1731.49 .00 3472.15 7620.50 862.44 .00 156.48 102.73 59.73 58.24 123.23 65.79 80.43 \$ 12244.59 | 03/14/05 GE COST PER ELIGIBLE \$ 189.03 155.19 16.76 133.91 41.86 .05 .00 41.82 92.05 4.52 .00 33.84 8.30 .78 4.49 6.02 5.32 8.94 \$.21 .00 .21 |

.00

.00

.000 .00

.00

872 0

| LEV B-REHAB MD | 7 | 253 | | 31,705.96 | | 125.32 | .002 | | 4529.42 | | .28 |
|---|--------------------|-----------------|-----|--------------------|--------|---------|-----------|-----|----------|----|-----------|
| LEV B-KEHAD MD LEV B-SUBACUTE FREESTANDING | 21 | 671 | | 245,800.72 | | 366.32 | .002 | | 11704.80 | | 2.15 |
| LEV B SUBACUTE FREESTANDING | 0 | 071 | | .00 | | .00 | .000 | | .00 | | .00 |
| LEV B-SUBACUIE HSPIL BASED LEV B-TRANSITIONAL IP CARE | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| | 0.4.4 | 22 045 | | | | | | | | | |
| LEV B-REGULAR | 844 | 22,845 | \$ | 3,010,056.85 | | 131.76 | .200 | Ś | 3566.42 | ċ | 26.29 |
| @INTERMEDIATE CARE FACILDD | 274 | 8,267 | Ş | , . , | | 195.33 | .072 | Þ | 5893.49 | Þ | 14.10 |
| ICF DDH | 100 | 3,136 | | 539,001.10 | | 171.88 | .027 | | 5390.01 | | 4.71 |
| ICF DD | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| ICF DDN/DDCN | 174 | 5,131 | | 1,075,813.95 | | 209.67 | .045 | | 6182.84 | | 9.40 |
| @HEMODIALYSIS TOTAL | 402 | 7,447 | \$ | 402,529.61 | | 54.05 | .065 | Ş | 1001.32 | Ş | 3.52 |
| HOSPITAL BASED | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| HEMODIALYSIS CENTER | 402 | 7,447 | | 402,529.61 | | 54.05 | .065 | | 1001.32 | | 3.52 |
| @REHABILITATION FACILITY | 630 | 8 , 529 | \$ | 160,423.49 | \$ | 18.81 | .074 | \$ | 254.64 | \$ | 1.40 |
| HOSPITAL BASED | 336 | 2,228 | | 58,526.71 | | 26.27 | .019 | | 174.19 | | .51 |
| INDEPENDENT FACILITY | 294 | 6,301 | | 101,896.78 | | 16.17 | .055 | | 346.59 | | .89 |
| @LABORATORY FACILITY | 5 , 232 | 22,456 | \$ | 331,455.66 | \$ | 14.76 | .196 | \$ | 63.35 | \$ | 2.89 |
| PATHOLOGY | 5 , 174 | 22,321 | | 327,817.68 | | 14.69 | .195 | | 63.36 | | 2.86 |
| XO AND OTHERS | 60 | 135 | | 3,637.98 | | 26.95 | .001 | | 60.63 | | .03 |
| @ORGANIZED OUTPATIENT CLINIC | 31,578 | 58 , 771 | \$ | 5,823,589.10 | \$ | 99.09 | .513 | \$ | 184.42 | \$ | 50.86 |
| CLINIC | 924 | 1,924 | | 160,546.44 | | 83.44 | .017 | | 173.75 | | 1.40 |
| SURGICENTER | 246 | 1,555 | | 58,918.94 | | 37.89 | .014 | | 239.51 | | .51 |
| HEROIN DETOX CLINIC | 9 | 132 | | 1,619.95 | | 12.27 | .001 | | 179.99 | | .01 |
| RURAL HEALTH CLINIC | 30,856 | 55,160 | | 5,602,503.77 | | 101.57 | .482 | | 181.57 | | 48.93 |
| #CALIF DEPT OF HEALTH SERV | MEDI-CAL SERVICES | AND EXPENDITU | RES | MONTH-OF-PAYMENT | REPORT | FOR JAN | 2004 THRU | DEC | 2004 | P | AGE 1,044 |
| MOP024 | FEE-FOR-SERVICE/DE | NTAL | | | | | | | | | 03/14/05 |
| BUTTE COUNTY | SUMMARY OF SERVICE | S FOR PUBLIC | ASS | SISTANCE - DISABLE | D | | | | | | |

| DOTTE COONTI | DOMMANT OF DEN | VICES FOR TODDIC ASSIR | DIANCE DISABLED | | | | |
|--------------------------------|----------------|------------------------|---------------------|--------------|------------|----------|----------|
| | | | | | MON | | GE |
| 114,497 ELIGIBLES | USERS | UNITS OF SERVICE | EXPENDITURES | AVERAGE COST | UNITS/DAYS | COST PER | COST PER |
| | | OR DAYS OF CARE | | PER UNIT/DAY | PER ELIG | USER | ELIGIBLE |
| @ALL OTHER PROVIDERS | 17,012 | 741 , 658 \$ | 3,982,329.38 | \$ 5.37 | 6.478 \$ | 234.09 | \$ 34.78 |
| DURABLE MED. EQUIP. | 1,649 | 4,276 | 708,579.46 | 165.71 | .037 | 429.70 | 6.19 |
| BLOOD BANK | 13 | 9,014 | 27,042.00 | 3.00 | .079 | 2080.15 | .24 |
| HEARING AID DISPENSERS | 532 | 1,044 | 76,022.16 | 72.82 | .009 | 142.90 | .66 |
| MEDICAL TRANSPORTATION | 3 , 700 | 136,352 | 829 , 264.37 | 6.08 | 1.191 | 224.13 | 7.24 |
| AMBULANCES/AIR TRANS | 2,398 | 22,120 | 397 , 783.80 | 17.98 | .193 | 165.88 | 3.47 |
| OTHER TRANS | 1,355 | 113,438 | 379 , 951.62 | 3.35 | .991 | 280.41 | 3.32 |
| OTHER SERVICES | 121 | 794 | 51,528.95 | 64.90 | .007 | 425.86 | .45 |
| ACUPUNCTURE | 196 | 372 | 6,491.27 | 17.45 | .003 | 33.12 | .06 |
| ADULT DAY HEALTH CARE CTR | 198 | 2,103 | 146,445.06 | 69.64 | .018 | 739.62 | 1.28 |
| GENETIC DISEASE TESTING | 27 | 27 | 2,835.00 | 105.00 | .000 | 105.00 | .02 |
| IHMC, MODEL-NF, NF, AIDS, MSSP | 935 | 28,319 | 1,012,417.46 | 35.75 | .247 | 1082.80 | 8.84 |
| OCCUPATIONAL THERAPIST | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OPTICIAN | 2,773 | 6,466 | 67 , 389.97 | 10.42 | .056 | 24.30 | .59 |
| PHYSICAL THERAPIST | 148 | 1,400 | 20,222.04 | 14.44 | .012 | 136.64 | .18 |
| PORTABLE X-RAY | 4 | 17 | 22.37 | 1.32 | .000 | 5.59 | .00 |
| PROSTHETIST/ORTHOTISTS | 243 | 707 | 116,999.05 | 165.49 | .006 | 481.48 | 1.02 |
| PROSTHETICS | 233 | 666 | 111,788.73 | 167.85 | .006 | 479.78 | .98 |
| ORTHOTICS | 10 | 41 | 5,210.32 | 127.08 | .000 | 521.03 | .05 |
| PSYCHOLOGIST | 45 | 160 | 9,810.80 | 61.32 | .001 | 218.02 | .09 |
| SPEECH AND AUDIOLOGY | 636 | 1,950 | 100,282.30 | 51.43 | .017 | 157.68 | .88 |
| HOSPICE SERVICES | 76 | 1,789 | 211,222.04 | 118.07 | .016 | 2779.24 | 1.84 |
| NONINST BIRTHING CENTERS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| LOCAL EDUCATION AGENCIES | 1,998 | 33,496 | 226,926.49 | 6.77 | .293 | 113.58 | 1.98 |
| EPSDT SUPPLEMENTAL SERVICE | 1 | 76 | 2,427.44 | 31.94 | .001 | 2427.44 | .02 |
| RESPIRATORY CARE PRACT. | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PED SUBACUTE REHAB/WEANING | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| | | | | | | | |

| ALL OTHER PROVIDERS | 5 , 797 | 514 , 090 | 417,930.10 | .81 | 4.490 | | 72.09 | 3.65 | |
|-------------------------------|----------------|------------------|--------------------|-------------|-------|------|---------|-------|--|
| @CALIF. CHILDREN SERVICES* | 1,434 | 52 , 235 | \$ 2,289,865.04 | \$ 43.84 | .456 | \$ 1 | 1596.84 | 20.00 | |
| @XOVER EXCLUDING STATE HOSP** | 15,449 | 132,861 | \$ 1,902,027.59 | \$ 14.32 | 1.160 | \$ | 123.12 | 16.61 | |
| | | | | | | | | | |

0* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 1,045 03/14/05 BUTTE COUNTY SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE - FAMILIES

| BOILE COONII | DOMINICI OF DELC | VICED FOR FODER MODE | | | | | |
|----------------------------|------------------|----------------------|---------------|--------------|------------|-------------|-----------|
| | | | | | MOI | NTHLY AVERA | GE |
| 132,200 ELIGIBLES | USERS | UNITS OF SERVICE | EXPENDITURES | AVERAGE COST | UNITS/DAYS | COST PER | COST PER |
| | | OR DAYS OF CARE | | PER UNIT/DAY | PER ELIG | USER | ELIGIBLE |
| @TOTAL, ALL PROVIDERS | 69 , 922 | 344 , 342 \$ | 19,379,000.38 | \$ 56.28 | 2.605 | \$ 277.15 | \$ 146.59 |
| @PHYSICIANS SERVICES | 12,801 | 33 , 552 \$ | 1,425,334.87 | \$ 42.48 | .254 | \$ 111.35 | \$ 10.78 |
| OUTPATIENT VISITS | 6 , 062 | 7,365 | 325,573.19 | 44.21 | .056 | 53.71 | 2.46 |
| OFFICE VISITS | 4,228 | 5 , 091 | 188,922.15 | 37.11 | .039 | 44.68 | 1.43 |
| HOME VISITS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| EMERGENCY ROOM | 1,549 | 1,750 | 95,890.55 | 54.79 | .013 | 61.90 | .73 |
| PREVENTIVE CARE | 20 | 20 | 844.61 | 42.23 | .000 | 42.23 | .01 |
| OB VISITS/COMPRE PERI | 243 | 324 | 34,151.29 | 105.41 | .002 | 140.54 | .26 |
| OTHER OUTPATIENT | 174 | 180 | 5,764.59 | 32.03 | .001 | 33.13 | .04 |
| INPATIENT VISITS | 776 | 2,406 | 144,738.18 | 60.16 | .018 | 186.52 | 1.09 |
| HOSPITAL VISITS | 736 | 2,031 | 89,095.88 | 43.87 | .015 | 121.05 | .67 |
| CRITICAL CARE | 84 | 373 | 55,576.25 | 149.00 | .003 | 661.62 | .42 |
| SNF/ICF/TRANS IP CARE | 2 | 2 | 66.05 | 33.03 | .000 | 33.03 | .00 |
| OPHTHALMOLOGICAL SERVICES | 493 | 542 | 23,376.98 | 43.13 | .004 | 47.42 | .18 |
| EXAMINATIONS | 490 | 539 | 23,308.75 | 43.24 | .004 | 47.57 | .18 |
| SERVICES AND MATERIALS | 3 | 3 | 68.23 | 22.74 | .000 | 22.74 | .00 |
| INPATIENT HOSPITAL SURGERY | 611 | 2,804 | 339,959.70 | 121.24 | .021 | 556.40 | 2.57 |
| PRINCIPAL SURGEON | 447 | 564 | 290,767.98 | 515.55 | .004 | 650.49 | 2.20 |
| ASSISTANT SURGEON | 66 | 67 | 11,147.37 | 166.38 | .001 | 168.90 | .08 |
| ANESTHESIOLOGIST | 191 | 2,173 | 38,044.35 | 17.51 | .016 | 199.19 | .29 |
| | | | | | | | |

| OUTPATIENT SURGERY | 1,163 | 4,114 | | 224,631.14 | 54.60 | .031 | 193.15 | | 1.70 |
|---|--|--|---|---|---|--|--|-------------------------------|--|
| PRINCIPAL SURGEON | 954 | 1,251 | | 177,399.47 | 141.81 | .009 | 185.95 | | 1.34 |
| ASSISTANT SURGEON | 9 | , 9 | | 804.92 | 89.44 | .000 | 89.44 | | .01 |
| ANESTHESIOLOGIST | 279 | 2,854 | | 46,426.75 | 16.27 | .022 | 166.40 | | .35 |
| DIALYSIS | 3 | 2,001 | | 892.14 | 99.13 | .000 | 297.38 | | .01 |
| PATHOLOGY | 673 | 1,150 | | 31,414.17 | 27.32 | .009 | 46.68 | | .24 |
| | | | | | | | | | |
| RADIOLOGY | 5,268 | 7,690 | | 204,959.94 | 26.65 | .058 | 38.91 | | 1.55 |
| PSYCHIATRY | 7 | 8 | | 476.90 | 59.61 | .000 | 68.13 | | .00 |
| IMMUNIZATION AND INJECTION | 168 | 3 , 725 | | 20,509.52 | 5.51 | .028 | 122.08 | | .16 |
| OTHER SERVICES/ALL X-OVERS | 1,674 | 3 , 739 | | 108,803.01 | 29.10 | .028 | 65.00 | | .82 |
| @PHARMACY | 33 , 821 | 102,340 | \$ | 5,065,602.49 | \$ 49.50 | .774 | \$ 149.78 | \$ | 38.32 |
| PRESCRIPTION DRUGS | 33,557 | 86,296 | | 4,818,320.61 | 55.83 | .653 | 143.59 | | 36.45 |
| SNF/ICF | 6 | 23 | | 1,438.03 | 62.52 | .000 | 239.67 | | .01 |
| OUTPATIENTS | 33,556 | 86,273 | | 4,816,882.58 | 55.83 | .653 | 143.55 | | 36.44 |
| MEDICAL SUPPLIES | 955 | 16,044 | | 247,281.88 | 15.41 | .121 | 258.93 | | 1.87 |
| @DENTIST | 5,346 | 28,250 | \$ | 912,866.68 | \$ 32.31 | .214 | | Ś | 6.91 |
| VISITS - DIAGNOSTIC | 3,873 | 18,463 | ۲ | 270,454.94 | 14.65 | .140 | 69.83 | ۲ | 2.05 |
| | 780 | | | | | | | | |
| ORAL SURGERY | | 1,644 | | 92,830.30 | 56.47 | .012 | 119.01 | | .70 |
| DRUGS | 179 | 196 | | 4,636.80 | 23.66 | .001 | 25.90 | | .04 |
| ANESTHESIA | 29 | 29 | | 2,285.00 | 78.79 | .000 | 78.79 | | .02 |
| PERIODONTICS | 79 | 80 | | 8,052.00 | 100.65 | .001 | 101.92 | | .06 |
| ENDODONTICS | 479 | 808 | | 126,480.45 | 156.54 | .006 | 264.05 | | .96 |
| RESTORATIVE DENTISTRY | 1,853 | 5 , 945 | | 318,227.74 | 53.53 | .045 | 171.74 | | 2.41 |
| PROSTHETICS | 10 | 10 | | 300.00 | 30.00 | .000 | 30.00 | | .00 |
| DENTURES, STAYPLATES | 61 | 200 | | 26,273.10 | 131.37 | .002 | 430.71 | | .20 |
| SPACE MAINTAINERS | 60 | 79 | | 8,625.00 | 109.18 | .001 | 143.75 | | .07 |
| MAXILLOFACIAL SERVICES | 16 | 17 | | 730.10 | 42.95 | .000 | 45.63 | | .01 |
| FRACTURES, DISLOCATIONS | 0 | 0 | | | .00 | | .00 | | .00 |
| | | | | (1() | | | | | |
| · | | | | .00 | | .000 | | | |
| ORTHODONTIC SERVICES | 503 | 648 | | 50,221.25 | 77.50 | .005 | 99.84 | | .38 |
| ORTHODONTIC SERVICES ALL OTHER SERVICES | 503 112 | 648 131 | | 50,221.25 3,750.00 | 77.50 28.63 | .005 .001 | 99.84 33.48 | D.T. C | .38 .03 |
| ORTHODONTIC SERVICES ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV | 503 112 MEDI-CAL SERVIC | 648 131 CES AND EXPENDITU | RES M | 50,221.25 | 77.50 28.63 | .005 .001 | 99.84 33.48 | | .38 .03 E 1,046 |
| ORTHODONTIC SERVICES ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 | 503 112 MEDI-CAL SERVICE FEE-FOR-SERVICE | 648 131 CES AND EXPENDITU C/DENTAL | | 50,221.25 3,750.00 MONTH-OF-PAYMENT RE | 77.50 28.63 | .005 .001 | 99.84 33.48 | | .38 .03 |
| ORTHODONTIC SERVICES ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV | 503 112 MEDI-CAL SERVICE FEE-FOR-SERVICE | 648 131 CES AND EXPENDITU C/DENTAL | | 50,221.25 3,750.00 | 77.50 28.63 | .005 .001 2004 THRU D | 99.84 33.48 EC 2004 | | .38 .03 E 1,046 |
| ORTHODONTIC SERVICES ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 BUTTE COUNTY | 503 112 MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV | 648 131 CES AND EXPENDITU C/DENTAL VICES FOR PUBLIC | ASSI | 50,221.25 3,750.00 MONTH-OF-PAYMENT RE | 77.50 28.63 EPORT FOR JAN | .005 .001 2004 THRU D | 99.84 33.48 EC 2004 NTHLY AVERA | .GE | .38 .03 E 1,046 03/14/05 |
| ORTHODONTIC SERVICES ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 | 503 112 MEDI-CAL SERVICE FEE-FOR-SERVICE | 648 131 CES AND EXPENDITU C/DENTAL VICES FOR PUBLIC UNITS OF SERVIC | ASSI | 50,221.25 3,750.00 MONTH-OF-PAYMENT RE | 77.50 28.63 EPORT FOR JAN AVERAGE COS | .005 .001 2004 THRU D | 99.84 33.48 EC 2004 NTHLY AVERA COST PER | GE CO | .38 .03 E 1,046 03/14/05 |
| ORTHODONTIC SERVICES ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 BUTTE COUNTY | 503 112 MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV | 648 131 ES AND EXPENDITU C/DENTAL VICES FOR PUBLIC UNITS OF SERVIC OR DAYS OF CAR | ASSI | 50,221.25 3,750.00 MONTH-OF-PAYMENT RE ISTANCE - FAMILIES EXPENDITURES | 77.50 28.63 EPORT FOR JAN AVERAGE COST | .005 .001 2004 THRU D MC I UNITS/DAYS Y PER ELIG | 99.84 33.48 EC 2004 NTHLY AVERA COST PER USER | GE CO EL | .38 .03 E 1,046 03/14/05 ST PER IGIBLE |
| ORTHODONTIC SERVICES ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 BUTTE COUNTY | 503 112 MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS 1,625 | 648 131 CES AND EXPENDITU C/DENTAL VICES FOR PUBLIC UNITS OF SERVIC | ASSI | 50,221.25 3,750.00 MONTH-OF-PAYMENT RE | 77.50 28.63 EPORT FOR JAN AVERAGE COS | .005 .001 2004 THRU D | 99.84 33.48 EC 2004 NTHLY AVERA COST PER USER | GE CO EL | .38 .03 E 1,046 03/14/05 |
| ORTHODONTIC SERVICES ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 BUTTE COUNTY 132,200 ELIGIBLES | 503 112 MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS 1,625 | 648 131 ES AND EXPENDITU C/DENTAL VICES FOR PUBLIC UNITS OF SERVIC OR DAYS OF CAR | ASSI E E | 50,221.25 3,750.00 MONTH-OF-PAYMENT RE ISTANCE - FAMILIES EXPENDITURES | 77.50 28.63 EPORT FOR JAN AVERAGE COST | .005 .001 2004 THRU D MC I UNITS/DAYS Y PER ELIG | 99.84 33.48 EC 2004 NTHLY AVERA COST PER USER | GE CO EL | .38 .03 E 1,046 03/14/05 ST PER IGIBLE |
| ORTHODONTIC SERVICES ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 BUTTE COUNTY 132,200 ELIGIBLES @OPTOMETRIST | 503 112 MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS 1,625 1,125 | 648 131 EES AND EXPENDITU E/DENTAL VICES FOR PUBLIC UNITS OF SERVIC OR DAYS OF CAR 4,305 1,193 | ASSI E E | 50,221.25 3,750.00 MONTH-OF-PAYMENT RE ISTANCE - FAMILIES EXPENDITURES 95,488.36 49,908.04 | 77.50 28.63 EPORT FOR JAN AVERAGE COST PER UNIT/DAY \$ 22.18 41.83 | .005 .001 2004 THRU D MC I UNITS/DAYS Y PER ELIG .033 | 99.84 33.48 EC 2004 NTHLY AVERA COST PER USER \$ 58.76 | GE CO EL | .38 .03 E 1,046 03/14/05 ST PER IGIBLE .72 |
| ORTHODONTIC SERVICES ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 BUTTE COUNTY 132,200 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES | 503 112 MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS 1,625 1,125 1,122 | 648 131 EES AND EXPENDITU E/DENTAL VICES FOR PUBLIC UNITS OF SERVIC OR DAYS OF CAR 4,305 1,193 3,071 | ASSI E E | 50,221.25 3,750.00 MONTH-OF-PAYMENT RE ISTANCE - FAMILIES EXPENDITURES 95,488.36 49,908.04 44,787.74 | 77.50 28.63 EPORT FOR JAN AVERAGE COST PER UNIT/DAY \$ 22.18 41.83 14.58 | .005 .001 2004 THRU D MC I UNITS/DAYS Y PER ELIG .033 .009 .023 | 99.84 33.48 EC 2004 NTHLY AVERA COST PER USER \$ 58.76 44.36 39.92 | GE CO EL | .38 .03 E 1,046 03/14/05 ST PER IGIBLE .72 .38 .34 |
| ORTHODONTIC SERVICES ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 BUTTE COUNTY 132,200 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES | 503 112 MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS 1,625 1,125 1,122 39 | 648 131 EES AND EXPENDITU E/DENTAL VICES FOR PUBLIC UNITS OF SERVIC OR DAYS OF CAR 4,305 1,193 3,071 41 | E ASSI | 50,221.25 3,750.00 MONTH-OF-PAYMENT RE ISTANCE - FAMILIES EXPENDITURES 95,488.36 49,908.04 44,787.74 792.58 | 77.50 28.63 EPORT FOR JAN AVERAGE COST PER UNIT/DAY \$ 22.18 41.83 14.58 19.33 | .005 .001 2004 THRU D MC I UNITS/DAYS Y PER ELIG .033 .009 .023 .000 | 99.84 33.48 EC 2004 NTHLY AVERA COST PER USER \$ 58.76 44.36 39.92 20.32 | GE CO EL \$ | .38 .03 E 1,046 03/14/05 ST PER IGIBLE .72 .38 .34 .01 |
| ORTHODONTIC SERVICES ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 BUTTE COUNTY 132,200 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR | 503 112 MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERVICE USERS 1,625 1,125 1,122 39 202 | 648 131 EES AND EXPENDITU E/DENTAL VICES FOR PUBLIC UNITS OF SERVIC OR DAYS OF CAR 4,305 1,193 3,071 41 358 | ASSI E E | 50,221.25 3,750.00 MONTH-OF-PAYMENT RE ISTANCE - FAMILIES EXPENDITURES 95,488.36 49,908.04 44,787.74 792.58 5,822.74 | 77.50 28.63 EPORT FOR JAN AVERAGE COST PER UNIT/DAY \$ 22.18 41.83 14.58 19.33 \$ 16.26 | .005 .001 2004 THRU D MC I UNITS/DAYS Y PER ELIG .033 .009 .023 .000 .003 | 99.84 33.48 EC 2004 NTHLY AVERA COST PER USER \$ 58.76 44.36 39.92 20.32 \$ 28.83 | GE CO EL \$ | .38 .03 E 1,046 03/14/05 ST PER IGIBLE .72 .38 .34 .01 |
| ORTHODONTIC SERVICES ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 BUTTE COUNTY 132,200 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS | 503 112 MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERVICE USERS 1,625 1,125 1,122 39 202 202 | 648 131 CES AND EXPENDITU C/DENTAL VICES FOR PUBLIC UNITS OF SERVIC OR DAYS OF CAR 4,305 1,193 3,071 41 358 358 | E ASSI | 50,221.25 3,750.00 MONTH-OF-PAYMENT RE ISTANCE - FAMILIES EXPENDITURES 95,488.36 49,908.04 44,787.74 792.58 5,822.74 5,822.74 | 77.50 28.63 EPORT FOR JAN AVERAGE COST PER UNIT/DAY \$ 22.18 41.83 14.58 19.33 \$ 16.26 16.26 | .005 .001 2004 THRU E MC T UNITS/DAYS Y PER ELIG .033 .009 .023 .000 .003 | 99.84 33.48 EC 2004 NTHLY AVERA COST PER USER \$ 58.76 44.36 39.92 20.32 \$ 28.83 28.83 | GE CO EL \$ | .38 .03 E 1,046 03/14/05 ST PER IGIBLE .72 .38 .34 .01 .04 |
| ORTHODONTIC SERVICES ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 BUTTE COUNTY 132,200 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES | 503 112 MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERVICE USERS 1,625 1,125 1,122 39 202 202 0 | 648 131 CES AND EXPENDITU C/DENTAL VICES FOR PUBLIC UNITS OF SERVIC OR DAYS OF CAR 4,305 1,193 3,071 41 358 358 0 | ASSI E E \$ \$ | 50,221.25 3,750.00 MONTH-OF-PAYMENT RE ISTANCE - FAMILIES EXPENDITURES 95,488.36 49,908.04 44,787.74 792.58 5,822.74 5,822.74 | 77.50 28.63 EPORT FOR JAN AVERAGE COST PER UNIT/DAY \$ 22.18 41.83 14.58 19.33 \$ 16.26 16.26 .00 | .005 .001 2004 THRU D MC T UNITS/DAYS Y PER ELIG .033 .009 .023 .000 .003 .003 | 99.84 33.48 EC 2004 NTHLY AVERA COST PER USER \$ 58.76 44.36 39.92 20.32 \$ 28.83 28.83 | GE CO EL \$ | .38 .03 E 1,046 03/14/05 ST PER IGIBLE .72 .38 .34 .01 .04 |
| ORTHODONTIC SERVICES ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 BUTTE COUNTY 132,200 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST | 503 112 MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERVICE USERS 1,625 1,125 1,122 39 202 202 0 47 | 648 131 CES AND EXPENDITU C/DENTAL VICES FOR PUBLIC UNITS OF SERVIC OR DAYS OF CAR 4,305 1,193 3,071 41 358 358 0 74 | E ASSI | 50,221.25 3,750.00 MONTH-OF-PAYMENT RE ISTANCE - FAMILIES EXPENDITURES 95,488.36 49,908.04 44,787.74 792.58 5,822.74 5,822.74 .00 2,091.78 | 77.50 28.63 EPORT FOR JAN AVERAGE COST PER UNIT/DAY \$ 22.18 41.83 14.58 19.33 \$ 16.26 16.26 .00 \$ 28.27 | .005 .001 2004 THRU D MC T UNITS/DAYS Y PER ELIG .033 .009 .023 .000 .003 .003 .000 | 99.84 33.48 EC 2004 NTHLY AVERA COST PER USER \$ 58.76 44.36 39.92 20.32 \$ 28.83 28.83 .00 \$ 44.51 | GE CO EL \$ | .38 .03 E 1,046 03/14/05 ST PER IGIBLE .72 .38 .34 .01 .04 .04 |
| ORTHODONTIC SERVICES ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 BUTTE COUNTY 132,200 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS | 503 112 MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERVICE 1,625 1,125 1,122 39 202 202 0 47 44 | 648 131 CES AND EXPENDITU C/DENTAL VICES FOR PUBLIC UNITS OF SERVIC OR DAYS OF CAR 4,305 1,193 3,071 41 358 358 0 74 55 | ASSI E E \$ \$ | 50,221.25 3,750.00 MONTH-OF-PAYMENT RE ISTANCE - FAMILIES EXPENDITURES 95,488.36 49,908.04 44,787.74 792.58 5,822.74 5,822.74 .00 2,091.78 1,566.49 | 77.50 28.63 EPORT FOR JAN AVERAGE COST PER UNIT/DAY \$ 22.18 41.83 14.58 19.33 \$ 16.26 16.26 .00 \$ 28.27 28.48 | .005 .001 2004 THRU D MC I UNITS/DAYS Y PER ELIG .033 .009 .023 .000 .003 .003 .000 .003 | 99.84 33.48 EC 2004 NTHLY AVERA COST PER USER \$ 58.76 44.36 39.92 20.32 \$ 28.83 28.83 .00 \$ 44.51 35.60 | GE CO EL \$ | .38 .03 E 1,046 03/14/05 ST PER IGIBLE .72 .38 .34 .01 .04 .04 .00 |
| ORTHODONTIC SERVICES ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 BUTTE COUNTY 132,200 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. | 503 112 MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERVICE USERS 1,625 1,125 1,122 39 202 202 0 47 44 44 | 648 131 CES AND EXPENDITU C/DENTAL VICES FOR PUBLIC UNITS OF SERVIC OR DAYS OF CAR 4,305 1,193 3,071 41 358 358 0 74 55 5 | ASSI E E \$ \$ | 50,221.25 3,750.00 MONTH-OF-PAYMENT RE ISTANCE - FAMILIES EXPENDITURES 95,488.36 49,908.04 44,787.74 792.58 5,822.74 5,822.74 .00 2,091.78 1,566.49 157.37 | 77.50 28.63 EPORT FOR JAN AVERAGE COST PER UNIT/DAY \$ 22.18 41.83 14.58 19.33 \$ 16.26 16.26 .00 \$ 28.27 28.48 31.47 | .005 .001 2004 THRU D MC T UNITS/DAYS Y PER ELIG .033 .009 .023 .000 .003 .003 .000 .001 .000 | 99.84 33.48 EC 2004 NTHLY AVERA COST PER USER \$ 58.76 44.36 39.92 20.32 \$ 28.83 28.83 .00 \$ 44.51 35.60 39.34 | GE CO EL \$ | .38 .03 E 1,046 03/14/05 ST PER IGIBLE .72 .38 .34 .01 .04 .04 .00 .02 |
| ORTHODONTIC SERVICES ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 BUTTE COUNTY 132,200 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY | 503 112 MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERVICE USERS 1,625 1,125 1,122 39 202 202 202 0 47 44 4 | 648 131 CES AND EXPENDITU C/DENTAL VICES FOR PUBLIC UNITS OF SERVIC OR DAYS OF CAR 4,305 1,193 3,071 41 358 358 0 74 55 5 12 | ASSI E E \$ \$ | 50,221.25 3,750.00 MONTH-OF-PAYMENT RE ISTANCE - FAMILIES EXPENDITURES 95,488.36 49,908.04 44,787.74 792.58 5,822.74 5,822.74 .00 2,091.78 1,566.49 157.37 223.16 | 77.50 28.63 EPORT FOR JAN AVERAGE COST PER UNIT/DAT \$ 22.18 41.83 14.58 19.33 \$ 16.26 16.26 .00 \$ 28.27 28.48 31.47 18.60 | .005 .001 2004 THRU D MC F UNITS/DAYS Y PER ELIG .033 .009 .023 .000 .003 .003 .000 .001 .000 .000 | 99.84 33.48 EC 2004 NTHLY AVERA COST PER USER \$ 58.76 44.36 39.92 20.32 \$ 28.83 28.83 .00 \$ 44.51 35.60 39.34 22.32 | GE CO EL \$ | .38 .03 E 1,046 03/14/05 ST PER IGIBLE .72 .38 .34 .01 .04 .04 .00 .02 .01 |
| ORTHODONTIC SERVICES ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 BUTTE COUNTY 132,200 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY OTHER | 503 112 MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERVICE USERS 1,625 1,125 1,122 39 202 202 0 47 44 4 10 | 648 131 CES AND EXPENDITU C/DENTAL VICES FOR PUBLIC UNITS OF SERVIC OR DAYS OF CAR 4,305 1,193 3,071 41 358 358 0 74 55 5 12 2 | ASSI E E \$ \$ | 50,221.25 3,750.00 MONTH-OF-PAYMENT RE ISTANCE - FAMILIES EXPENDITURES 95,488.36 49,908.04 44,787.74 792.58 5,822.74 5,822.74 .00 2,091.78 1,566.49 157.37 223.16 144.76 | 77.50 28.63 EPORT FOR JAN AVERAGE COST PER UNIT/DAY \$ 22.18 41.83 14.58 19.33 \$ 16.26 16.26 00 \$ 28.27 28.48 31.47 18.60 72.38 | .005 .001 2004 THRU D MC F UNITS/DAYS Y PER ELIG .033 .009 .023 .000 .003 .003 .000 .001 .000 .000 | 99.84 33.48 EC 2004 NTHLY AVERA COST PER USER \$ 58.76 44.36 39.92 20.32 \$ 28.83 28.83 .00 \$ 44.51 35.60 39.34 22.32 144.76 | GE CO EL \$ | .38 .03 E 1,046 03/14/05 ST PER IGIBLE .72 .38 .34 .01 .04 .04 .00 .02 .01 |
| ORTHODONTIC SERVICES ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 BUTTE COUNTY 132,200 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY OTHER @HOME HEALTH AGENCY | 503 112 MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERVICE USERS 1,625 1,125 1,122 39 202 202 0 47 44 4 10 11 | 648 131 CES AND EXPENDITU C/DENTAL VICES FOR PUBLIC UNITS OF SERVIC OR DAYS OF CAR 4,305 1,193 3,071 41 358 358 0 74 55 5 12 2 416 | ASSI E E \$ \$ | 50,221.25 3,750.00 MONTH-OF-PAYMENT RE ISTANCE - FAMILIES EXPENDITURES 95,488.36 49,908.04 44,787.74 792.58 5,822.74 5,822.74 .00 2,091.78 1,566.49 157.37 223.16 144.76 25,553.77 | 77.50 28.63 EPORT FOR JAN AVERAGE COST PER UNIT/DAT \$ 22.18 41.83 14.58 19.33 \$ 16.26 16.26 .00 \$ 28.27 28.48 31.47 18.60 | .005 .001 2004 THRU D MC F UNITS/DAYS Y PER ELIG .033 .009 .023 .000 .003 .003 .000 .001 .000 .000 | 99.84 33.48 EC 2004 NTHLY AVERA COST PER USER \$ 58.76 44.36 39.92 20.32 \$ 28.83 28.8 | GE CO EL \$ \$ | .38 .03 E 1,046 03/14/05 ST PER IGIBLE .72 .38 .34 .01 .04 .04 .00 .02 .01 |
| ORTHODONTIC SERVICES ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 BUTTE COUNTY 132,200 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY OTHER | 503 112 MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERVICE USERS 1,625 1,125 1,122 39 202 202 0 47 44 4 10 | 648 131 CES AND EXPENDITU C/DENTAL VICES FOR PUBLIC UNITS OF SERVIC OR DAYS OF CAR 4,305 1,193 3,071 41 358 358 0 74 55 5 12 2 | E S S | 50,221.25 3,750.00 MONTH-OF-PAYMENT RE ISTANCE - FAMILIES EXPENDITURES 95,488.36 49,908.04 44,787.74 792.58 5,822.74 5,822.74 .00 2,091.78 1,566.49 157.37 223.16 144.76 | 77.50 28.63 EPORT FOR JAN AVERAGE COST PER UNIT/DAY \$ 22.18 41.83 14.58 19.33 \$ 16.26 16.26 00 \$ 28.27 28.48 31.47 18.60 72.38 | .005 .001 2004 THRU D MC F UNITS/DAYS Y PER ELIG .033 .009 .023 .000 .003 .003 .000 .001 .000 .000 .00 | 99.84 33.48 EC 2004 NTHLY AVERA COST PER USER \$ 58.76 44.36 39.92 20.32 \$ 28.83 28.83 .00 \$ 44.51 35.60 39.34 22.32 144.76 | GE CO EL \$ \$ | .38 .03 E 1,046 03/14/05 ST PER IGIBLE .72 .38 .34 .01 .04 .04 .00 .02 .01 |
| ORTHODONTIC SERVICES ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 BUTTE COUNTY 132,200 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY OTHER @HOME HEALTH AGENCY | 503 112 MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERVICE USERS 1,625 1,125 1,122 39 202 202 0 47 44 4 10 11 | 648 131 CES AND EXPENDITU C/DENTAL VICES FOR PUBLIC UNITS OF SERVIC OR DAYS OF CAR 4,305 1,193 3,071 41 358 358 0 74 55 5 12 2 416 | E S S | 50,221.25 3,750.00 MONTH-OF-PAYMENT RE ISTANCE - FAMILIES EXPENDITURES 95,488.36 49,908.04 44,787.74 792.58 5,822.74 5,822.74 .00 2,091.78 1,566.49 157.37 223.16 144.76 25,553.77 | 77.50 28.63 EPORT FOR JAN AVERAGE COST PER UNIT/DAY \$ 22.18 41.83 14.58 19.33 \$ 16.26 16.26 .00 \$ 28.27 28.48 31.47 18.60 72.38 \$ 61.43 \$ 11.52 \$ 32.87 | .005 .001 2004 THRU D MC F UNITS/DAYS Y PER ELIG .033 .009 .023 .000 .003 .003 .000 .001 .000 .000 .00 | 99.84 33.48 EC 2004 NTHLY AVERA COST PER USER \$ 58.76 44.36 39.92 20.32 \$ 28.83 28.8 | GE CO EL \$ \$ | .38 .03 E 1,046 03/14/05 |
| ORTHODONTIC SERVICES ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 BUTTE COUNTY 132,200 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY OTHER @HOME HEALTH AGENCY NURSE ANESTHESIST | 503 112 MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERVICE USERS 1,625 1,125 1,122 39 202 202 202 0 47 44 4 10 1 181 177 490 | 648 131 CES AND EXPENDITU C/DENTAL VICES FOR PUBLIC UNITS OF SERVIC OR DAYS OF CAR 4,305 1,193 3,071 41 358 358 0 74 55 5 12 2 416 1,851 | E S S S | 50,221.25 3,750.00 MONTH-OF-PAYMENT RE EXPENDITURES 95,488.36 49,908.04 44,787.74 792.58 5,822.74 5,822.74 .00 2,091.78 1,566.49 157.37 223.16 144.76 25,553.77 21,316.37 | 77.50 28.63 EPORT FOR JAN AVERAGE COST PER UNIT/DAY \$ 22.18 41.83 14.58 19.33 \$ 16.26 16.26 .00 \$ 28.27 28.48 31.47 18.60 72.38 \$ 61.43 \$ 11.52 \$ 32.87 | .005 .001 2004 THRU D MC I UNITS/DAYS Y PER ELIG .033 .009 .023 .000 .003 .003 .000 .001 .000 .000 .00 | 99.84 33.48 EC 2004 NTHLY AVERA COST PER USER \$ 58.76 44.36 39.92 20.32 \$ 28.83 28.83 .00 \$ 44.51 35.60 39.34 22.32 144.76 \$ 141.18 \$ 120.43 | GE CO EL \$ \$ \$ | .38 .03 E 1,046 03/14/05 ST PER IGIBLE .72 .38 .34 .01 .04 .00 .02 .01 .00 .00 .00 |
| ORTHODONTIC SERVICES ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 BUTTE COUNTY 132,200 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY OTHER @HOME HEALTH AGENCY NURSE ANESTHESIST NURSE MIDWIFE PEDIATRIC NURSE PRACTITIONER | 503 112 MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERVICE USERS 1,625 1,125 1,122 39 202 202 202 0 47 44 4 10 1 181 177 490 | 648 131 CES AND EXPENDITU C/DENTAL VICES FOR PUBLIC UNITS OF SERVIC OR DAYS OF CAR 4,305 1,193 3,071 41 358 358 0 74 555 5 12 2 416 1,851 2,831 | E ASSI | 50,221.25 3,750.00 MONTH-OF-PAYMENT RE ISTANCE - FAMILIES EXPENDITURES 95,488.36 49,908.04 44,787.74 792.58 5,822.74 5,822.74 .00 2,091.78 1,566.49 157.37 223.16 144.76 25,553.77 21,316.37 93,047.75 81.20 | 77.50 28.63 EPORT FOR JAN AVERAGE COST PER UNIT/DAY \$ 22.18 41.83 14.58 19.33 \$ 16.26 16.26 .00 \$ 28.27 28.48 31.47 18.60 72.38 \$ 61.43 \$ 11.52 \$ 32.87 \$ 40.60 | .005 .001 2004 THRU D MC I UNITS/DAYS Y PER ELIG .033 .009 .023 .000 .003 .003 .000 .001 .000 .000 .00 | 99.84 33.48 33.48 EC 2004 NTHLY AVERA COST PER USER \$ 58.76 44.36 39.92 20.32 \$ 28.83 28.83 .00 \$ 44.51 35.60 39.34 22.32 144.76 \$ 141.18 \$ 120.43 \$ 189.89 \$ 81.20 | GE CO EL \$ | .38 .03 E 1,046 03/14/05 ST PER IGIBLE .72 .38 .34 .01 .04 .00 .02 .01 .00 .00 .19 .16 .70 |
| ORTHODONTIC SERVICES ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 BUTTE COUNTY 132,200 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY OTHER @HOME HEALTH AGENCY NURSE ANESTHESIST NURSE MIDWIFE PEDIATRIC NURSE PRACTITIONER | 503 112 MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERVICE SUMMARY OF SERVICE 1,625 1,125 1,122 39 202 202 0 47 44 4 10 181 177 490 1 | 648 131 CES AND EXPENDITU C/DENTAL VICES FOR PUBLIC UNITS OF SERVIC OR DAYS OF CAR 4,305 1,193 3,071 41 358 358 0 74 55 5 12 2 416 1,851 2,831 2 469 | E ASSI | 50,221.25 3,750.00 MONTH-OF-PAYMENT RE ISTANCE - FAMILIES EXPENDITURES 95,488.36 49,908.04 44,787.74 792.58 5,822.74 5,822.74 .00 2,091.78 1,566.49 157.37 223.16 144.76 25,553.77 21,316.37 93,047.75 81.20 8,538.55 | 77.50 28.63 EPORT FOR JAN AVERAGE COST PER UNIT/DAY \$ 22.18 41.83 14.58 19.33 \$ 16.26 16.26 .00 \$ 28.27 28.48 31.47 18.60 72.38 \$ 61.43 \$ 11.52 \$ 32.87 \$ 40.60 \$ 18.21 | .005 .001 2004 THRU E MC I UNITS/DAYS Y PER ELIG .033 .009 .023 .000 .003 .000 .001 .000 .000 .000 .00 | 99.84 33.48 33.48 EC 2004 NTHLY AVERA COST PER USER \$ 58.76 44.36 39.92 20.32 \$ 28.83 .00 \$ 44.51 35.60 39.34 22.32 144.76 \$ 141.18 \$ 120.43 \$ 189.89 \$ 81.20 \$ 38.46 | GE CO EL \$ | .38 .03 E 1,046 03/14/05 ST PER IGIBLE .72 .38 .34 .01 .04 .00 .02 .01 .00 .00 .19 .16 .70 .00 |
| ORTHODONTIC SERVICES ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 BUTTE COUNTY 132,200 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY OTHER @HOME HEALTH AGENCY NURSE ANESTHESIST NURSE MIDWIFE PEDIATRIC NURSE PRACTITIONER FAMILY NURSE PRACTITIONER @TOTAL HOSPITAL | 503 112 MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERVICE SUMMARY OF SERVICE 1,625 1,125 1,122 39 202 202 0 47 44 4 10 1 181 177 490 1 222 19,962 | 648 131 CES AND EXPENDITU C/DENTAL VICES FOR PUBLIC UNITS OF SERVIC OR DAYS OF CAR 4,305 1,193 3,071 41 358 358 0 74 55 5 12 2 416 1,851 2,831 2 469 76,376 | E S S S S S S S S S S S S S S S S S S S | 50,221.25 3,750.00 MONTH-OF-PAYMENT RESTANCE - FAMILIES EXPENDITURES 95,488.36 49,908.04 44,787.74 792.58 5,822.74 5,822.74 .00 2,091.78 1,566.49 157.37 223.16 144.76 25,553.77 21,316.37 93,047.75 81.20 8,538.55 6,659,184.96 | 77.50 28.63 EPORT FOR JAN AVERAGE COST PER UNIT/DAY \$ 22.18 41.83 14.58 19.33 \$ 16.26 16.26 .00 \$ 28.27 28.48 31.47 18.60 72.38 \$ 61.43 \$ 11.52 \$ 32.87 \$ 40.60 \$ 18.21 \$ 7.19 | .005 .001 2004 THRU E MC F UNITS/DAYS F PER ELIG .033 .009 .023 .000 .003 .003 .000 .001 .000 .000 .00 | 99.84 33.48 33.48 EC 2004 NTHLY AVERA COST PER USER \$ 58.76 44.36 39.92 20.32 \$ 28.83 28.83 .00 \$ 44.51 35.60 39.34 22.32 144.76 \$ 141.18 \$ 120.43 \$ 189.89 \$ 81.20 \$ 38.46 \$ 333.59 | GE CO EL \$ | .38 .03 E 1,046 03/14/05 ST PER IGIBLE .72 .38 .34 .01 .04 .00 .02 .01 .00 .00 .19 .16 .70 .00 .00 |
| ORTHODONTIC SERVICES ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 BUTTE COUNTY 132,200 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY OTHER @HOME HEALTH AGENCY NURSE ANESTHESIST NURSE MIDWIFE PEDIATRIC NURSE PRACTITIONER | 503 112 MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERVICE SUMMARY OF SERVICE 1,625 1,125 1,122 39 202 202 0 47 44 4 10 181 177 490 1 | 648 131 CES AND EXPENDITU C/DENTAL VICES FOR PUBLIC UNITS OF SERVIC OR DAYS OF CAR 4,305 1,193 3,071 41 358 358 0 74 55 5 12 2 416 1,851 2,831 2 469 | E S S S S S S S S S S S S S S S S S S S | 50,221.25 3,750.00 MONTH-OF-PAYMENT RE ISTANCE - FAMILIES EXPENDITURES 95,488.36 49,908.04 44,787.74 792.58 5,822.74 5,822.74 .00 2,091.78 1,566.49 157.37 223.16 144.76 25,553.77 21,316.37 93,047.75 81.20 8,538.55 | 77.50 28.63 EPORT FOR JAN AVERAGE COST PER UNIT/DAY \$ 22.18 41.83 14.58 19.33 \$ 16.26 16.26 .00 \$ 28.27 28.48 31.47 18.60 72.38 \$ 61.43 \$ 11.52 \$ 32.87 \$ 40.60 \$ 18.21 | .005 .001 2004 THRU E MC I UNITS/DAYS Y PER ELIG .033 .009 .023 .000 .003 .000 .001 .000 .000 .000 .00 | 99.84 33.48 33.48 EC 2004 NTHLY AVERA COST PER USER \$ 58.76 44.36 39.92 20.32 \$ 28.83 .00 \$ 44.51 35.60 39.34 22.32 144.76 \$ 141.18 \$ 120.43 \$ 189.89 \$ 81.20 \$ 38.46 | GE CO EL \$ | .38 .03 E 1,046 03/14/05 ST PER IGIBLE .72 .38 .34 .01 .04 .00 .02 .01 .00 .00 .19 .16 .70 .00 |

| NON-HSC HOSPITAL TOTAL | 778 | 2,591 | | 3,5 | 84,638.54 | | 1383.50 | | .020 | | 4607.50 | | 27.12 |
|-----------------------------|-------------------------|----------|------|----------|------------|--------|---------|------|------|-------|-----------|-------|----------|
| ACCOMMODATIONS | 777 | 2,591 | | 1,2 | 19,593.61 | | 470.70 | | .020 | | 1569.62 | | 9.23 |
| ADMINISTRATIVE DAYS | 0 | 0 | | | .00 | | .00 | | .000 | | .00 | | .00 |
| TRANSITIONAL IP CARE | 0 | 0 | | | .00 | | .00 | | .000 | | .00 | | .00 |
| ALL OTHER ACCOM | 777 | 2,591 | | 1,2 | 19,593.61 | | 470.70 | | .020 | | 1569.62 | | 9.23 |
| ANCILLARIES | 778 | . 0 | | 2,3 | 65,044.93 | | .00 | | .000 | | 3039.90 | | 17.89 |
| INPATIENT CROSSOVERS | 0 | 0 | | | .00 | | .00 | | .000 | | .00 | | .00 |
| ALL OTHER INPATIENT | 0 | 0 | | | .00 | | .00 | | .000 | | .00 | | .00 |
| HOSP OUTPATIENT TOTAL | 19,627 | 73,260 | | 2,3 | 17,650.82 | | 31.64 | | .554 | | 118.08 | | 17.53 |
| MEDICAL | 12,042 | 17,555 | | 7 | 78,641.78 | | 44.35 | | .133 | | 64.66 | | 5.89 |
| SURGERY | 1,373 | 1,706 | | | 90,286.36 | | 52.92 | | .013 | | 65.76 | | .68 |
| PATHOLOGY | 6,167 | 20,450 | | 2 | 74,709.16 | | 13.43 | | .155 | | 44.55 | | 2.08 |
| RADIOLOGY | 4,109 | 5,398 | | 3 | 27,702.81 | | 60.71 | | .041 | | 79.75 | | 2.48 |
| ROOM USE | 13,686 | 18,475 | | 6 | 99,466.24 | | | | .140 | | | | 5.29 |
| CROSSOVERS/ALL OTH OUTPTNT | 5,317 | 9,676 | | 1 | 46,844.47 | | 15.18 | | .073 | | 27.62 | | 1.11 |
| @COUNTY HOSPITAL TOTAL | 23 | 159 | \$ | | 10,236.56 | \$ | 64.38 | | .001 | \$ | 445.07 | \$ | .08 |
| CO HOSPITAL INPATIENT TOTAL | 3 | 6 | | | 5,860.00 | | 976.67 | | .000 | | 1953.33 | | .04 |
| HSC HOSPITALS | 3 | 6 | | | 5,860.00 | | 976.67 | | .000 | | 1953.33 | | .04 |
| NON-HSC HOSPITALS TOTAL | 0 | 0 | | | .00 | | .00 | | .000 | | .00 | | .00 |
| ACCOMMODATIONS | 0 | 0 | | | .00 | | .00 | | .000 | | .00 | | .00 |
| ADMINISTRATIVE DAYS | 0 | 0 | | | .00 | | .00 | | .000 | | .00 | | .00 |
| TRANSITIONAL IP CARE | 0 | 0 | | | .00 | | .00 | | .000 | | .00 | | .00 |
| ALL OTHER ACCOM | 0 | 0 | | | .00 | | .00 | | .000 | | .00 | | .00 |
| ANCILLARIES | 0 | 0 | | | .00 | | .00 | | .000 | | .00 | | .00 |
| INPATIENT CROSSOVERS | 0 | 0 | | | .00 | | .00 | | .000 | | .00 | | .00 |
| ALL OTHER INPATIENT | 0 | 0 | | | .00 | | .00 | | .000 | | .00 | | .00 |
| CO HOSP OUTPATIENT TOTAL | 20 | 153 | | | 4,376.56 | | 28.60 | | .001 | | 218.83 | | .03 |
| MEDICAL | 7 | 8 | | | 258.92 | | 32.37 | | .000 | | 36.99 | | .00 |
| SURGERY | 4 | 8 | | | 236.88 | | 29.61 | | .000 | | 59.22 | | .00 |
| PATHOLOGY | 10 | 63 | | | 913.09 | | 14.49 | | .000 | | 91.31 | | .01 |
| RADIOLOGY | 4 | 9 | | | 964.46 | | 107.16 | | .000 | | 241.12 | | .01 |
| ROOM USE | 16 | 29 | | | 1,527.91 | | 52.69 | | .000 | | 95.49 | | .01 |
| CROSSOVERS/ALL OTH OUTPINT | 13 | 36 | | | 475.30 | | 13.20 | | .000 | | 36.56 | | .00 |
| | MEDI-CAL SERVICES AND E | EXPENDIT | URES | MONTH-OF | -PAYMENT F | REPORT | FOR JAN | 2004 | THRU | DEC | 2004 | PA | GE 1,047 |
| | FEE-FOR-SERVICE/DENTAL | | | | | | | | | | | | 03/14/05 |
| BUTTE COUNTY | SUMMARY OF SERVICES FOR | R PUBLI | C AS | SISTANCE | - FAMILIES | 5 | | | | | | | |
| 100 000 | | | | | | | | | 1 | ITNON | HLY AVERA | .GE - | |

| | | | | | MON | TIITI VALIVA | GE GE |
|----------------------------|-----------------|--------------------|---------------------|--------------|------------|--------------|----------|
| 132,200 ELIGIBLES | USERS | UNITS OF SERVICE | EXPENDITURES | AVERAGE COST | UNITS/DAYS | COST PER | COST PER |
| | | OR DAYS OF CARE | | PER UNIT/DAY | PER ELIG | USER | ELIGIBLE |
| @COMMUNITY HOSPITAL TOTAL | 19 , 941 | 76 , 217 \$ | 6,648,948.40 | \$ 87.24 | .577 \$ | 333.43 | \$ 50.29 |
| COMM HOSP INPATIENT TOTAL | 858 | 3,110 | 4,335,674.14 | 1394.11 | .024 | 5053.23 | 32.80 |
| HSC HOSPITALS | 86 | 519 | 751,035.60 | 1447.08 | .004 | 8732.97 | 5.68 |
| NON-HSC HOSPITALS TOTAL | 778 | 2 , 591 | 3,584,638.54 | 1383.50 | .020 | 4607.50 | 27.12 |
| ACCOMMODATIONS | 777 | 2 , 591 | 1,219,593.61 | 470.70 | .020 | 1569.62 | 9.23 |
| ADMINISTRATIVE DAYS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| TRANSITIONAL IP CARE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER ACCOM | 777 | 2 , 591 | 1,219,593.61 | 470.70 | .020 | 1569.62 | 9.23 |
| ANCILLARIES | 778 | 0 | 2,365,044.93 | .00 | .000 | 3039.90 | 17.89 |
| INPATIENT CROSSOVERS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER INPATIENT | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| COMM HOSP OUTPATIENT TOTAL | 19,609 | 73,107 | 2,313,274.26 | 31.64 | .553 | 117.97 | 17.50 |
| MEDICAL | 12,036 | 17 , 547 | 778 , 382.86 | 44.36 | .133 | 64.67 | 5.89 |
| SURGERY | 1,369 | 1,698 | 90,049.48 | 53.03 | .013 | 65.78 | .68 |
| PATHOLOGY | 6 , 159 | 20 , 387 | 273 , 796.07 | 13.43 | .154 | 44.45 | 2.07 |
| RADIOLOGY | 4,105 | 5 , 389 | 326,738.35 | 60.63 | .041 | 79.60 | 2.47 |
| ROOM USE | 13,671 | 18,446 | 697,938.33 | 37.84 | .140 | 51.05 | 5.28 |
| | | | | | | | |

| anagariing/arr ami aiimpmim | F 20F | 0 640 | | 146 260 17 | | 15 10 | 070 | | 07 50 | | 1 11 |
|--|--|--|--------------------------|--|----------------------|--|---|-----------|--|-----------------|--|
| CROSSOVERS/ALL OTH OUTPTNT | • | 9,640 | ^ | 146,369.17 | <u> </u> | 15.18 | .073 | <u>^</u> | 27.59 | <u> </u> | 1.11 |
| @STATE HOSPITAL | 0 | 0 | \$ | .00 | \$ | .00 | .000 | Ş | .00 | Ş | .00 |
| MENTALLY ILL | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| DEVELOP. DISABLED | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| @NURSING FACILITY | 1 | 4 | \$ | 795.00 | Ş | 198.75 | .000 | Ş | 795.00 | Ş | .01 |
| LEV A-INTERMEDIATE | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| LEV B-REHAB MD | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| LEV B-SUBACUTE FREESTANDING | | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| LEV B-SUBACUTE HSPTL BASED | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| LEV B-TRANSITIONAL IP CARE | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| LEV B-REGULAR | 1 | 4 | | 795.00 | | 198.75 | .000 | | 795.00 | | .01 |
| @INTERMEDIATE CARE FACILDD | 0 | 0 | \$ | .00 | \$ | .00 | .000 | \$ | .00 | \$ | .00 |
| ICF DDH | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| ICF DD | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| ICF DDN/DDCN | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| @HEMODIALYSIS TOTAL | 3 | 43 | \$ | 1,797.05 | \$ | 41.79 | .000 | \$ | 599.02 | \$ | .01 |
| HOSPITAL BASED | 0 | 0 | | .00 | · | .00 | .000 | | .00 | · | .00 |
| HEMODIALYSIS CENTER | 3 | 43 | | 1,797.05 | | 41.79 | .000 | | 599.02 | | .01 |
| @REHABILITATION FACILITY | | 1,314 | \$ | 30,271.39 | \$ | | .010 | Ś | | Ś | .23 |
| HOSPITAL BASED | 185 | 1,039 | т | 26,027.34 | т | 25.05 | .008 | Τ. | 140.69 | Τ | .20 |
| INDEPENDENT FACILITY | 26 | 275 | | 4,244.05 | | 15.43 | .002 | | 163.23 | | .03 |
| @LABORATORY FACILITY | 26 2,703 2,703 | 8 , 055 | \$ | 132,037.03 | \$ | | .061 | Ċ | 48.85 | ¢ | 1.00 |
| PATHOLOGY | 2,703 | 8,054 | Y | 132,037.03 | Y | 16.39 | .061 | Y | 48.84 | Y | 1.00 |
| | 2,703 | | | | | | | | | | |
| XO AND OTHERS | 1 24 , 491 | 20.000 | \$ | 24.60 | Ċ | 24.60 109.65 | .000 | Ċ | 24.60 | ć | .00 |
| @ORGANIZED OUTPATIENT CLINIC | | 39,890 | | | Ş | 109.65 | .302 | Þ | 178.59 | Ş | 33.09 |
| CLINIC | 1,377 | 4,094 | | 152,258.95 | | 37.19 35.21 | .031 | | 110.57 | | 1.15 |
| SURGICENTER | 93 | 607 | | 21,373.06 | | | | | 229.82 | | .16 |
| HEROIN DETOX CLINIC | 3 | 46 | | 519.12 | | 11.29 | | | 173.04 | | .00 |
| | | | | | | | | | | | |
| RURAL HEALTH CLINIC | 23,318 | 35,143 | | 4,199,690.68 | | 119.50 | .266 | | 180.11 | | 31.77 |
| #CALIF DEPT OF HEALTH SERV | MEDI-CAL SERVIC | CES AND EXPENDITU | JRES M | 4,199,690.68 ONTH-OF-PAYMENT RE | | | | DEC | | PA | GE 1,048 |
| #CALIF DEPT OF HEALTH SERV MOP024 | MEDI-CAL SERVICE FEE-FOR-SERVICE | CES AND EXPENDITU C/DENTAL | | ONTH-OF-PAYMENT RI | | | | DEC | | PΑ | |
| #CALIF DEPT OF HEALTH SERV | MEDI-CAL SERVICE FEE-FOR-SERVICE | CES AND EXPENDITU C/DENTAL | | | | | 2004 THRU | | 2004 | | GE 1,048 |
| #CALIF DEPT OF HEALTH SERV MOP024 BUTTE COUNTY | MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV | CES AND EXPENDITU C/DENTAL VICES FOR PUBLIC | C ASSI | ONTH-OF-PAYMENT RE | EPORT | FOR JAN | 2004 THRU | IONT | 2004 HLY AVERA | .GE - | GE 1,048 03/14/05 |
| #CALIF DEPT OF HEALTH SERV MOP024 BUTTE COUNTY | MEDI-CAL SERVICE FEE-FOR-SERVICE | CES AND EXPENDITU C/DENTAL VICES FOR PUBLIC UNITS OF SERVIC | : ASSI | ONTH-OF-PAYMENT RE | EPORT | FOR JAN | 2004 THRU | IONT | 2004 CHLY AVERA COST PER | .GE - | GE 1,048 03/14/05 COST PER |
| #CALIF DEPT OF HEALTH SERV MOP024 BUTTE COUNTY 132,200 ELIGIBLES | MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS | CES AND EXPENDITU C/DENTAL VICES FOR PUBLIC UNITS OF SERVIC OR DAYS OF CAR | ASSI E RE | ONTH-OF-PAYMENT RESTANCE - FAMILIES EXPENDITURES | EPORT AVEI | FOR JAN RAGE COST UNIT/DAY | 2004 THRU M UNITS/DAY PER ELIG | IONT S | HLY AVERA COST PER USER | .GE - C E | 03/14/05 03/14/05 COST PER CLIGIBLE |
| #CALIF DEPT OF HEALTH SERV MOP024 BUTTE COUNTY 132,200 ELIGIBLES | MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS | CES AND EXPENDITU C/DENTAL VICES FOR PUBLIC UNITS OF SERVIC | ASSI E RE | ONTH-OF-PAYMENT RE | EPORT AVEI | FOR JAN RAGE COST UNIT/DAY 11.88 | 2004 THRU M UNITS/DAY | IONT S | HLY AVERA COST PER USER 53.03 | .GE - C E | GE 1,048 03/14/05 COST PER |
| #CALIF DEPT OF HEALTH SERV MOP024 BUTTE COUNTY 132,200 ELIGIBLES | MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS | CES AND EXPENDITU C/DENTAL VICES FOR PUBLIC UNITS OF SERVIC OR DAYS OF CAR | ASSI E RE | ONTH-OF-PAYMENT RESTANCE - FAMILIES EXPENDITURES | EPORT AVEI PER | FOR JAN RAGE COST UNIT/DAY 11.88 35.36 | 2004 THRU M UNITS/DAY PER ELIG .334 .010 | IONT S | HLY AVERA COST PER USER | .GE - C E | 03/14/05 03/14/05 COST PER CLIGIBLE |
| #CALIF DEPT OF HEALTH SERV MOP024 BUTTE COUNTY 132,200 ELIGIBLES @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK | MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS 9,906 255 1 | CES AND EXPENDITU C/DENTAL VICES FOR PUBLIC UNITS OF SERVIC OR DAYS OF CAR 44,212 | ASSI E RE | ONTH-OF-PAYMENT RESTANCE - FAMILIES EXPENDITURES 525,328.58 | EPORT AVEI PER | FOR JAN RAGE COST UNIT/DAY 11.88 | 2004 THRU M UNITS/DAY PER ELIG .334 .010 | IONT S | HLY AVERA COST PER USER 53.03 | .GE - C E | GE 1,048 03/14/05 COST PER GLIGIBLE 3.97 |
| #CALIF DEPT OF HEALTH SERV MOP024 BUTTE COUNTY 132,200 ELIGIBLES @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK | MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS 9,906 255 1 | CES AND EXPENDITU E/DENTAL VICES FOR PUBLIC UNITS OF SERVIC OR DAYS OF CAR 44,212 1,379 88 40 | C ASSI CE RE \$ | ONTH-OF-PAYMENT RESTANCE - FAMILIES EXPENDITURES 525,328.58 48,758.98 | EPORT AVEI PER | FOR JAN RAGE COST UNIT/DAY 11.88 35.36 | M UNITS/DAY PER ELIG .334 .010 .001 | IONT S | HLY AVERA COST PER USER 53.03 191.21 | .GE - C E | GE 1,048 03/14/05 COST PER GLIGIBLE 3.97 .37 |
| #CALIF DEPT OF HEALTH SERV MOP024 BUTTE COUNTY 132,200 ELIGIBLES @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION | MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS 9,906 255 1 16 875 | CES AND EXPENDITU C/DENTAL VICES FOR PUBLIC UNITS OF SERVIC OR DAYS OF CAR 44,212 1,379 88 40 8,735 | C ASSI CE RE \$ | ONTH-OF-PAYMENT RESTANCE - FAMILIES EXPENDITURES 525,328.58 48,758.98 264.00 | EPORT AVEI PER | FOR JAN RAGE COST UNIT/DAY 11.88 35.36 3.00 | M UNITS/DAY PER ELIG .334 .010 .001 | IONT S | HLY AVERA COST PER USER 53.03 191.21 264.00 | .GE - C E | GE 1,048 03/14/05 COST PER GLIGIBLE 3.97 .37 .00 |
| #CALIF DEPT OF HEALTH SERV MOP024 BUTTE COUNTY 132,200 ELIGIBLES @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION | MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS 9,906 255 1 16 875 | CES AND EXPENDITU C/DENTAL VICES FOR PUBLIC UNITS OF SERVIC OR DAYS OF CAR 44,212 1,379 88 40 8,735 | C ASSI CE RE \$ | ONTH-OF-PAYMENT RESTANCE - FAMILIES EXPENDITURES 525,328.58 48,758.98 264.00 3,770.86 158,347.88 | EPORT AVEI PER | FOR JAN RAGE COST UNIT/DAY 11.88 35.36 3.00 94.27 18.13 | M UNITS/DAY PER ELIG .334 .010 .001 .000 | IONT S | HLY AVERA COST PER USER 53.03 191.21 264.00 235.68 | .GE - C E | GE 1,048 03/14/05 COST PER GLIGIBLE 3.97 .37 .00 .03 |
| #CALIF DEPT OF HEALTH SERV MOP024 BUTTE COUNTY 132,200 ELIGIBLES @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS | MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS 9,906 255 1 | CES AND EXPENDITU E/DENTAL VICES FOR PUBLIC UNITS OF SERVIC OR DAYS OF CAR 44,212 1,379 88 40 | C ASSI CE RE \$ | ONTH-OF-PAYMENT RESTANCE - FAMILIES EXPENDITURES 525,328.58 48,758.98 264.00 3,770.86 | EPORT AVEI PER | RAGE COST UNIT/DAY 11.88 35.36 3.00 94.27 18.13 15.02 | M UNITS/DAY PER ELIG .334 .010 .001 .000 .066 .066 | IONT S | HLY AVERA COST PER USER 53.03 191.21 264.00 235.68 180.97 150.16 | .GE - C E | GE 1,048 03/14/05 COST PER CLIGIBLE 3.97 .37 .00 .03 1.20 |
| #CALIF DEPT OF HEALTH SERV MOP024 BUTTE COUNTY 132,200 ELIGIBLES @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS | MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS 9,906 255 1 16 875 868 4 | CES AND EXPENDITURE OF LAND EXPENDITURE OF SERVICE OR DAYS OF CAR 44,212 1,379 88 40 8,735 8,679 36 | C ASSI CE RE \$ | ONTH-OF-PAYMENT RESTANCE - FAMILIES EXPENDITURES 525,328.58 48,758.98 264.00 3,770.86 158,347.88 130,338.87 144.49 | AVEI PER \$ | FOR JAN RAGE COST UNIT/DAY 11.88 35.36 3.00 94.27 18.13 15.02 4.01 | 2004 THRU M UNITS/DAY PER ELIG .334 .010 .001 .000 .066 .066 .000 | IONT S | HLY AVERA COST PER USER 53.03 191.21 264.00 235.68 180.97 150.16 36.12 | .GE - C E | GE 1,048 03/14/05 COST PER CLIGIBLE 3.97 .37 .00 .03 1.20 .99 |
| #CALIF DEPT OF HEALTH SERV MOP024 BUTTE COUNTY 132,200 ELIGIBLES @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER SERVICES | MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS 9,906 255 1 16 875 868 4 20 | CES AND EXPENDITURE OF LAND EXPENDITURE OF LAND EXPENDITURE OF LAND OF | C ASSI CE RE \$ | ONTH-OF-PAYMENT RESTANCE - FAMILIES EXPENDITURES 525,328.58 48,758.98 264.00 3,770.86 158,347.88 130,338.87 144.49 27,864.52 | AVEI PER \$ | FOR JAN RAGE COST UNIT/DAY 11.88 35.36 3.00 94.27 18.13 15.02 4.01 1393.23 | 2004 THRU M UNITS/DAY PER ELIG | IONT S | HLY AVERA COST PER USER 53.03 191.21 264.00 235.68 180.97 150.16 36.12 1393.23 | .GE - C E | GE 1,048 03/14/05 COST PER ELIGIBLE 3.97 .37 .00 .03 1.20 .99 .00 |
| #CALIF DEPT OF HEALTH SERV MOP024 BUTTE COUNTY 132,200 ELIGIBLES @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER SERVICES ACUPUNCTURE | MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS 9,906 255 1 16 875 868 4 20 28 | CES AND EXPENDITURE OF LICES FOR PUBLICATION OF SERVICE OR DAYS OF CARE 44,212 1,379 88 40 8,735 8,679 36 20 44 | C ASSI CE RE \$ | ONTH-OF-PAYMENT RESTANCE - FAMILIES EXPENDITURES 525,328.58 48,758.98 264.00 3,770.86 158,347.88 130,338.87 144.49 27,864.52 825.25 | AVEI PER \$ | FOR JAN RAGE COST UNIT/DAY 11.88 35.36 3.00 94.27 18.13 15.02 4.01 1393.23 18.76 | 2004 THRU M UNITS/DAY PER ELIG .334 .010 .001 .006 .066 .066 .000 .000 .000 | IONT S | HLY AVERA COST PER USER 53.03 191.21 264.00 235.68 180.97 150.16 36.12 1393.23 29.47 | .GE - C E | AGE 1,048 03/14/05 COST PER ELIGIBLE 3.97 .37 .00 .03 1.20 .99 .00 .21 |
| #CALIF DEPT OF HEALTH SERV MOP024 BUTTE COUNTY 132,200 ELIGIBLES @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER SERVICES ACUPUNCTURE ADULT DAY HEALTH CARE CTR | MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS 9,906 255 1 16 875 868 4 20 28 0 | CES AND EXPENDITURE OF LICES FOR PUBLICATION OF SERVICE OR DAYS OF CARE 44,212 1,379 88 40 8,735 8,679 36 20 44 0 | C ASSI CE RE \$ | ONTH-OF-PAYMENT RESTANCE - FAMILIES EXPENDITURES 525,328.58 48,758.98 264.00 3,770.86 158,347.88 130,338.87 144.49 27,864.52 825.25 .00 | AVEI PER \$ | RAGE COST UNIT/DAY 11.88 35.36 3.00 94.27 18.13 15.02 4.01 1393.23 18.76 .00 | 2004 THRU M UNITS/DAY PER ELIG .334 .010 .001 .006 .066 .066 .000 .000 .000 .000 | IONT S | HLY AVERA COST PER USER 53.03 191.21 264.00 235.68 180.97 150.16 36.12 1393.23 29.47 .00 | .GE - C E | GE 1,048 03/14/05 COST PER ELIGIBLE 3.97 .37 .00 .03 1.20 .99 .00 .21 .01 |
| #CALIF DEPT OF HEALTH SERV MOP024 BUTTE COUNTY 132,200 ELIGIBLES @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER TRANS OTHER SERVICES ACUPUNCTURE ADULT DAY HEALTH CARE CTR GENETIC DISEASE TESTING | MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS 9,906 255 1 16 875 868 4 20 28 0 74 | CES AND EXPENDITURE OF LICES FOR PUBLICATION OF SERVICE OR DAYS OF CARE 44,212 1,379 88 40 8,735 8,679 36 20 44 0 74 | C ASSI | ONTH-OF-PAYMENT RESTANCE - FAMILIES EXPENDITURES 525,328.58 48,758.98 264.00 3,770.86 158,347.88 130,338.87 144.49 27,864.52 825.25 .00 7,770.00 | AVEI PER \$ | RAGE COST UNIT/DAY 11.88 35.36 3.00 94.27 18.13 15.02 4.01 1393.23 18.76 .00 105.00 | 2004 THRU M UNITS/DAY PER ELIG | IONT S | HLY AVERA COST PER USER 53.03 191.21 264.00 235.68 180.97 150.16 36.12 1393.23 29.47 .00 105.00 | .GE - C E | GE 1,048 03/14/05 COST PER CLIGIBLE 3.97 .00 .03 1.20 .99 .00 .21 .01 |
| #CALIF DEPT OF HEALTH SERV MOP024 BUTTE COUNTY 132,200 ELIGIBLES @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER TRANS OTHER SERVICES ACUPUNCTURE ADULT DAY HEALTH CARE CTR GENETIC DISEASE TESTING IHMC, MODEL-NF, NF, AIDS, MSSP | MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS 9,906 255 1 16 875 868 4 20 28 0 74 6 | CES AND EXPENDITURE OF LICES FOR PUBLICATION OF SERVICE OR DAYS OF CARE 44,212 1,379 88 40 8,735 8,679 36 20 44 0 74 18 | C ASSI | ONTH-OF-PAYMENT RESTANCE - FAMILIES EXPENDITURES 525,328.58 48,758.98 264.00 3,770.86 158,347.88 130,338.87 144.49 27,864.52 825.25 .00 7,770.00 2,108.98 | AVEI PER \$ | RAGE COST UNIT/DAY 11.88 35.36 3.00 94.27 18.13 15.02 4.01 1393.23 18.76 .00 105.00 117.17 | 2004 THRU M UNITS/DAY PER ELIG | IONT S | HLY AVERA COST PER USER 53.03 191.21 264.00 235.68 180.97 150.16 36.12 1393.23 29.47 .00 105.00 351.50 | .GE - C E | GE 1,048 03/14/05 COST PER CLIGIBLE 3.97 .00 .03 1.20 .99 .00 .21 .01 .00 |
| #CALIF DEPT OF HEALTH SERV MOP024 BUTTE COUNTY 132,200 ELIGIBLES @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER TRANS OTHER SERVICES ACUPUNCTURE ADULT DAY HEALTH CARE CTR GENETIC DISEASE TESTING IHMC, MODEL-NF, NF, AIDS, MSSP OCCUPATIONAL THERAPIST | MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS 9,906 255 1 16 875 868 4 20 28 0 74 6 0 | CES AND EXPENDITURE OF LICES FOR PUBLICATION OF SERVICE OR DAYS OF CARE 44,212 1,379 88 40 8,735 8,679 36 20 44 0 74 18 0 | C ASSI | ONTH-OF-PAYMENT RESTANCE - FAMILIES EXPENDITURES 525,328.58 48,758.98 264.00 3,770.86 158,347.88 130,338.87 144.49 27,864.52 825.25 .00 7,770.00 2,108.98 .00 | AVEI PER \$ | RAGE COST UNIT/DAY 11.88 35.36 3.00 94.27 18.13 15.02 4.01 1393.23 18.76 .00 105.00 117.17 | 2004 THRU M UNITS/DAY PER ELIG | IONT S | HLY AVERA COST PER USER 53.03 191.21 264.00 235.68 180.97 150.16 36.12 1393.23 29.47 .00 105.00 351.50 | .GE - C E | GE 1,048 03/14/05 COST PER CLIGIBLE 3.97 .37 .00 .03 1.20 .99 .00 .21 .01 .00 .06 .02 |
| #CALIF DEPT OF HEALTH SERV MOP024 BUTTE COUNTY 132,200 ELIGIBLES @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER TRANS OTHER SERVICES ACUPUNCTURE ADULT DAY HEALTH CARE CTR GENETIC DISEASE TESTING IHMC, MODEL-NF, NF, AIDS, MSSP OCCUPATIONAL THERAPIST OPTICIAN | MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS 9,906 255 1 16 875 868 4 20 28 0 74 6 0 1,268 | CES AND EXPENDITURE OF LICES FOR PUBLICATION OF SERVICE OR DAYS OF CARE 44,212 1,379 88 40 8,735 8,679 36 20 44 0 74 18 0 2,707 | C ASSI | ONTH-OF-PAYMENT RESTANCE - FAMILIES EXPENDITURES 525,328.58 48,758.98 264.00 3,770.86 158,347.88 130,338.87 144.49 27,864.52 825.25 00 7,770.00 2,108.98 00 23,313.18 | AVEI PER \$ | RAGE COST UNIT/DAY 11.88 35.36 3.00 94.27 18.13 15.02 4.01 1393.23 18.76 .00 105.00 117.17 .00 8.61 | 2004 THRU M UNITS/DAY PER ELIG | IONT S | HLY AVERA COST PER USER 53.03 191.21 264.00 235.68 180.97 150.16 36.12 1393.23 29.47 .00 105.00 351.50 .00 | .GE - C E | GE 1,048 03/14/05 COST PER CLIGIBLE 3.97 .00 .03 1.20 .99 .00 .21 .01 .00 .06 .02 .00 |
| #CALIF DEPT OF HEALTH SERV MOP024 BUTTE COUNTY 132,200 ELIGIBLES @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER TRANS OTHER SERVICES ACUPUNCTURE ADULT DAY HEALTH CARE CTR GENETIC DISEASE TESTING IHMC, MODEL-NF, NF, AIDS, MSSP OCCUPATIONAL THERAPIST OPTICIAN PHYSICAL THERAPIST | MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS 9,906 255 1 16 875 868 4 20 28 0 74 6 0 1,268 77 | CES AND EXPENDITURE OF LICENTAL VICES FOR PUBLIC OR DAYS OF CAR 44,212 1,379 88 40 8,735 8,679 36 20 44 0 74 18 0 2,707 672 | C ASSI | ONTH-OF-PAYMENT RESTANCE - FAMILIES EXPENDITURES 525,328.58 48,758.98 264.00 3,770.86 158,347.88 130,338.87 144.49 27,864.52 825.25 00 7,770.00 2,108.98 00 23,313.18 9,927.48 | AVEI PER \$ | RAGE COST UNIT/DAY 11.88 35.36 3.00 94.27 18.13 15.02 4.01 1393.23 18.76 .00 105.00 117.17 .00 8.61 14.77 | 2004 THRU M UNITS/DAY PER ELIG .334 .010 .001 .000 .066 .066 .000 .000 .000 | IONT S | HLY AVERA COST PER USER 53.03 191.21 264.00 235.68 180.97 150.16 36.12 1393.23 29.47 .00 105.00 351.50 .00 18.39 128.93 | .GE - C E | GE 1,048 03/14/05 COST PER CLIGIBLE 3.97 .00 .03 1.20 .99 .00 .21 .01 .00 .06 .02 .00 .18 |
| #CALIF DEPT OF HEALTH SERV MOP024 BUTTE COUNTY 132,200 ELIGIBLES @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER TRANS OTHER SERVICES ACUPUNCTURE ADULT DAY HEALTH CARE CTR GENETIC DISEASE TESTING IHMC, MODEL-NF, NF, AIDS, MSSP OCCUPATIONAL THERAPIST OPTICIAN PHYSICAL THERAPIST PORTABLE X-RAY | MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS 9,906 255 1 16 875 868 4 20 28 0 74 6 0 1,268 77 | CES AND EXPENDITURE OF LICES FOR PUBLICATION OR DAYS OF CARE 44,212 1,379 88 40 8,735 8,679 36 20 44 00 74 18 00 2,707 672 0 | C ASSI | ONTH-OF-PAYMENT RESTANCE - FAMILIES EXPENDITURES 525,328.58 48,758.98 264.00 3,770.86 158,347.88 130,338.87 144.49 27,864.52 825.25 00 7,770.00 2,108.98 00 23,313.18 9,927.48 | AVEI PER \$ | RAGE COST UNIT/DAY 11.88 35.36 3.00 94.27 18.13 15.02 4.01 1393.23 18.76 .00 105.00 117.17 .00 8.61 14.77 .00 | 2004 THRU M UNITS/DAY PER ELIG .334 .010 .001 .000 .066 .066 .000 .000 .000 | IONT S | HLY AVERA COST PER USER 53.03 191.21 264.00 235.68 180.97 150.16 36.12 1393.23 29.47 .00 105.00 351.50 .00 18.39 128.93 | .GE - C E | GE 1,048 03/14/05 COST PER CLIGIBLE 3.97 .00 .03 1.20 .99 .00 .21 .01 .00 .06 .02 .00 .18 .08 |
| #CALIF DEPT OF HEALTH SERV MOP024 BUTTE COUNTY 132,200 ELIGIBLES @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER TRANS OTHER SERVICES ACUPUNCTURE ADULT DAY HEALTH CARE CTR GENETIC DISEASE TESTING IHMC,MODEL-NF,NF,AIDS,MSSP OCCUPATIONAL THERAPIST OPTICIAN PHYSICAL THERAPIST PORTABLE X-RAY PROSTHETIST/ORTHOTISTS | MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS 9,906 255 1 16 875 868 4 20 28 0 74 6 0 1,268 77 0 55 | EES AND EXPENDITURE OF LICES FOR PUBLICATION OR DAYS OF CARE 44,212 1,379 88 40 8,735 8,679 36 20 44 0 0 74 18 0 0 2,707 672 0 87 | C ASSI | ONTH-OF-PAYMENT RESTANCE - FAMILIES EXPENDITURES 525,328.58 48,758.98 264.00 3,770.86 158,347.88 130,338.87 144.49 27,864.52 825.25 00 7,770.00 2,108.98 00 23,313.18 9,927.48 00 10,086.52 | AVEI PER \$ | RAGE COST UNIT/DAY 11.88 35.36 3.00 94.27 18.13 15.02 4.01 1393.23 18.76 .00 105.00 117.17 .00 8.61 14.77 .00 115.94 | 2004 THRU M UNITS/DAY PER ELIG | IONT S | HLY AVERA COST PER USER 53.03 191.21 264.00 235.68 180.97 150.16 36.12 1393.23 29.47 .00 105.00 351.50 .00 18.39 128.93 .00 | .GE - C E | GE 1,048 03/14/05 COST PER CLIGIBLE 3.97 .00 .03 1.20 .99 .00 .21 .01 .00 .06 .02 .00 .18 .08 |
| #CALIF DEPT OF HEALTH SERV MOP024 BUTTE COUNTY 132,200 ELIGIBLES @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER TRANS OTHER SERVICES ACUPUNCTURE ADULT DAY HEALTH CARE CTR GENETIC DISEASE TESTING IHMC,MODEL-NF,NF,AIDS,MSSP OCCUPATIONAL THERAPIST OPTICIAN PHYSICAL THERAPIST PORTABLE X-RAY PROSTHETICS | MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS 9,906 255 1 16 875 868 4 20 28 0 74 6 0 1,268 77 0 55 52 | EES AND EXPENDITURE OF LAND EXPENDITURE OF CAR PUBLIC OR DAYS OF CAR 44,212 1,379 88 40 8,735 8,679 36 20 44 0 74 18 0 2,707 672 0 87 84 | C ASSI | ONTH-OF-PAYMENT RESTANCE - FAMILIES EXPENDITURES 525,328.58 48,758.98 264.00 3,770.86 158,347.88 130,338.87 144.49 27,864.52 825.25 00 7,770.00 2,108.98 00 23,313.18 9,927.48 00 10,086.52 9,964.44 | AVEI PER \$ | FOR JAN RAGE COST UNIT/DAY 11.88 35.36 3.00 94.27 18.13 15.02 4.01 1393.23 18.76 .00 105.00 117.17 .00 8.61 14.77 .00 115.94 118.62 | 2004 THRU M UNITS/DAY PER ELIG .334 .010 .001 .000 .066 .066 .000 .000 .000 | IONT S | HLY AVERA COST PER USER 53.03 191.21 264.00 235.68 180.97 150.16 36.12 1393.23 29.47 .00 105.00 351.50 .00 183.99 128.93 .00 | .GE - C E | GE 1,048 03/14/05 COST PER CLIGIBLE 3.97 .00 .03 1.20 .99 .00 .21 .01 .00 .06 .02 .00 .18 .08 .00 |
| #CALIF DEPT OF HEALTH SERV MOP024 BUTTE COUNTY 132,200 ELIGIBLES @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER TRANS OTHER SERVICES ACUPUNCTURE ADULT DAY HEALTH CARE CTR GENETIC DISEASE TESTING IHMC, MODEL-NF, NF, AIDS, MSSP OCCUPATIONAL THERAPIST OPTICIAN PHYSICAL THERAPIST PORTABLE X-RAY PROSTHETICS ORTHOTICS | MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS 9,906 255 1 16 875 868 4 20 28 0 74 6 0 1,268 77 0 55 52 3 | EES AND EXPENDITURE OF LAND EXPENDITURE OF CARE OF CAR | C ASSI | ONTH-OF-PAYMENT RESTANCE - FAMILIES EXPENDITURES 525,328.58 48,758.98 264.00 3,770.86 158,347.88 130,338.87 144.49 27,864.52 825.25 00 7,770.00 2,108.98 00 23,313.18 9,927.48 00 10,086.52 9,964.44 122.08 | AVEI PER \$ | FOR JAN RAGE COST UNIT/DAY 11.88 35.36 3.00 94.27 18.13 15.02 4.01 1393.23 18.76 .00 105.00 117.17 .00 8.61 14.77 .00 115.94 118.62 40.69 | 2004 THRU M UNITS/DAY PER ELIG | IONT S | HLY AVERA COST PER USER 53.03 191.21 264.00 235.68 180.97 150.16 36.12 1393.23 29.47 .00 105.00 351.50 .00 18.39 128.93 .00 183.39 191.62 40.69 | .GE - C E | AGE 1,048 03/14/05 COST PER CLIGIBLE 3.97 .37 .00 .03 1.20 .99 .00 .21 .01 .00 .06 .02 .00 .18 .08 .08 .08 |
| #CALIF DEPT OF HEALTH SERV MOP024 BUTTE COUNTY 132,200 ELIGIBLES @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER TRANS OTHER SERVICES ACUPUNCTURE ADULT DAY HEALTH CARE CTR GENETIC DISEASE TESTING IHMC, MODEL-NF, NF, AIDS, MSSP OCCUPATIONAL THERAPIST OPTICIAN PHYSICAL THERAPIST PORTABLE X-RAY PROSTHETICS ORTHOTICS PSYCHOLOGIST | MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS 9,906 255 1 16 875 868 4 20 28 0 74 6 0 1,268 77 0 55 52 3 23 | EES AND EXPENDITURE OF LICES FOR PUBLICATION OF SERVICE OR DAYS OF CARE 44,212 1,379 88 40 8,735 8,679 36 20 44 0 0 74 18 0 0 2,707 672 0 87 84 3 82 | C ASSI | ONTH-OF-PAYMENT RESTANCE - FAMILIES EXPENDITURES 525,328.58 48,758.98 264.00 3,770.86 158,347.88 130,338.87 144.49 27,864.52 825.25 00 7,770.00 2,108.98 00 23,313.18 9,927.48 00 10,086.52 9,964.44 122.08 5,364.22 | AVEI PER \$ | FOR JAN RAGE COST UNIT/DAY 11.88 35.36 3.00 94.27 18.13 15.02 4.01 1393.23 18.76 .00 105.00 117.17 .00 8.61 14.77 .00 115.94 118.62 40.69 65.42 | 2004 THRU M UNITS/DAY PER ELIG | IONT S | HLY AVERA COST PER USER 53.03 191.21 264.00 235.68 180.97 150.16 36.12 1393.23 29.47 .00 105.00 351.50 .00 18.39 128.93 .00 183.39 191.62 40.69 233.23 | .GE - C E | GE 1,048 03/14/05 COST PER CLIGIBLE 3.97 .37 .00 .03 1.20 .99 .00 .21 .01 .00 .06 .02 .00 .18 .08 .00 .08 |
| #CALIF DEPT OF HEALTH SERV MOP024 BUTTE COUNTY 132,200 ELIGIBLES @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER TRANS OTHER SERVICES ACUPUNCTURE ADULT DAY HEALTH CARE CTR GENETIC DISEASE TESTING IHMC, MODEL-NF, NF, AIDS, MSSP OCCUPATIONAL THERAPIST OPTICIAN PHYSICAL THERAPIST PORTABLE X-RAY PROSTHETICS ORTHOTICS | MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS 9,906 255 1 16 875 868 4 20 28 0 74 6 0 1,268 77 0 55 52 3 | EES AND EXPENDITURE OF LAND EXPENDITURE OF CARE OF CAR | C ASSI | ONTH-OF-PAYMENT RESTANCE - FAMILIES EXPENDITURES 525,328.58 48,758.98 264.00 3,770.86 158,347.88 130,338.87 144.49 27,864.52 825.25 00 7,770.00 2,108.98 00 23,313.18 9,927.48 00 10,086.52 9,964.44 122.08 | AVEI PER \$ | FOR JAN RAGE COST UNIT/DAY 11.88 35.36 3.00 94.27 18.13 15.02 4.01 1393.23 18.76 .00 105.00 117.17 .00 8.61 14.77 .00 115.94 118.62 40.69 | 2004 THRU M UNITS/DAY PER ELIG | IONT S | HLY AVERA COST PER USER 53.03 191.21 264.00 235.68 180.97 150.16 36.12 1393.23 29.47 .00 105.00 351.50 .00 18.39 128.93 .00 183.39 191.62 40.69 | .GE - C E | AGE 1,048 03/14/05 COST PER CLIGIBLE 3.97 .37 .00 .03 1.20 .99 .00 .21 .01 .00 .06 .02 .00 .18 .08 .08 .08 |

| HOSPICE SERVICES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
|-------------------------------|----------------|--------|------------------|--------------|------|------------|------------|
| NONINST BIRTHING CENTERS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| LOCAL EDUCATION AGENCIES | 6 , 767 | 21,649 | 197,215.20 | 9.11 | .164 | 29.14 | 1.49 |
| EPSDT SUPPLEMENTAL SERVICE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| RESPIRATORY CARE PRACT. | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PED SUBACUTE REHAB/WEANING | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER PROVIDERS | 123 | 7,373 | 4,048.96 | .55 | .056 | 32.92 | .03 |
| @CALIF. CHILDREN SERVICES* | 383 | 7,104 | \$ 715,731.22 | \$ 100.75 | .054 | \$ 1868.75 | \$ 5.41 |
| @XOVER EXCLUDING STATE HOSP** | 19 | 95 | \$ 1,624.90 | \$ 17.10 | .001 | \$ 85.52 | \$.01 |

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 1,049 MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05

| MOF024 | FEE-FOK-SERVIC | | | | | | | | | 03/14/03 |
|----------------------------|------------------|-------------------------------------|------|----------------|------------------|---------------|----|-----------------|------|----------|
| BUTTE COUNTY | SUMMARY OF SER | VICES FOR PUBLIC A | ASSI | STANCE - TOTAL | | 140 | | | C.E. | |
| 267,099 ELIGIBLES | USERS | INTER OF CERTIFICE | | EVDENDIBLIDEC | AVERAGE COST | MO | | | _ | COST PER |
| 207,099 ELIGIBLES | USEKS | UNITS OF SERVICE OR DAYS OF CARE | | EXPENDITURES | PER UNIT/DAY | | (| USER | | ELIGIBLE |
| @TOTAL, ALL PROVIDERS | 107 220 | | ċ | 113,144,081.43 | \$ 38.06 | 11.131 | ċ | | | |
| @PHYSICIANS SERVICES | | | | | | .492 | | | | 16.91 |
| OUTPATIENT VISITS | 14 750 | 10 175 | ۲ | 781,265.28 | \$ 34.38 | .072 | | | ۲ | 2.93 |
| OFFICE VISITS | 14,750 11,134 | 19,173 | | 489,585.95 | 40.74 34.52 | .072 .053 | | 52.97 43.97 | | 1.83 |
| HOME VISITS | 27 | | | 1,849.00 | 51.36 | .000 | | 68.48 | | .01 |
| EMERGENCY ROOM | | 3 75 A | | 221,213.35 | 50 03 | 014 | | | | .83 |
| PREVENTIVE CARE | 21 | 3,754 21 | | 880.38 | 58.93 41.92 | .014 | | 41.92 | | .00 |
| OB VISITS/COMPRE PERI | 21 310 | 412 | | 43,505.86 | 105.60 | .002 | | 140.34 | | .16 |
| OTHER OUTPATIENT | 691 | 770 | | 24,230.74 | 31.47 | | | 35.07 | | .09 |
| INPATIENT VISITS | | 11 , 770 | | | 47.21 | .044 | | 201.39 | | |
| HOSPITAL VISITS | 2,759 2,417 | 10 //0 | | 419,184.63 | 40.12 | .039 | | 173.43 | | 1.57 |
| CRITICAL CARE | 233 | 10,449 889 | | 125,407.79 | 1/1 07 | .003 | | 538.23 | | .47 |
| SNF/ICF/TRANS IP CARE | 294 | 432 | | 11,040.94 | 25.56 | | | 37.55 | | .04 |
| OPHTHALMOLOGICAL SERVICES | | | | 62,294.27 | 41.20 | .006 | | 46.35 | | .23 |
| EXAMINATIONS | 1,336 | 1,504 | | 62,126.04 | 41.31 | .006 | | 46.50 | | .23 |
| SERVICES AND MATERIALS | • | 1,504 | | 168.23 | 21.03 | .000 | | 21.03 | | .00 |
| INPATIENT HOSPITAL SURGERY | | 8 , 272 | | | 95.65 | .031 | | 536.04 | | 2.96 |
| PRINCIPAL SURGEON | 1,123 | 1,637 | | 652,217.76 | 398 42 | .006 | | 580.78 | | 2.44 |
| ASSISTANT SURGEON | 158 | 160 | | 29,630.08 | 398.42 185.19 | .001 | | 187.53 | | .11 |
| ANESTHESIOLOGIST | 461 | 6,475 | | 109,354.53 | 16.89 | .024 | | 237.21 | | .41 |
| | | 9 584 | | | 66.35 | | | 220.50 | | 2.38 |
| PRINCIPAL SURGEON | 2,408 | 3,194 | | 531,366.31 | 166.36 | .012 | | | | 1.99 |
| ASSISTANT SURGEON | 2,408 25 | 25 | | 2,299.00 | 166.36 91.96 | .000 | | 220.67 91.96 | | .01 |
| ANESTHESIOLOGIST | 631 | 6,365 | | | 16.06 | | | 162.04 | | .38 |
| DIALYSIS | 102 | 283 | | 27,431.81 | 96.93 | .001 | | 268.94 | | .10 |
| PATHOLOGY | 1,694 | 3,518 | | 95,664.33 | 27 19 | .013 | | | | .36 |
| RADIOLOGY | 13,400 | 23,854 | | 706,659.31 | 29.62 | .013 .089 | | 56.47 52.74 | | 2.65 |
| PSYCHIATRY | 12 | 15 | | 860.01 | 57.33 | .000 | | | | .00 |
| IMMUNIZATION AND INJECTION | 588 | 13,122 | | 131,488.32 | 10.02 | .049 | | 223.62 | | .49 |
| OTHER SERVICES/ALL X-OVERS | 14,446 | 40,256 | | 727,750.56 | 18.08 | .151 | | 50.38 | | 2.72 |
| @PHARMACY | 128,369 | 1,371,076 | \$ | 51,152,416.72 | \$ 37.31 | 5.133 | \$ | 398.48 | \$ | |
| PRESCRIPTION DRUGS | 126 , 579 | 546,563 | | 49,225,622.04 | 90.06 | 2.046 | | 388.89 | | 184.30 |
| SNF/ICF | 1,738 | 14,445 532,118 | | 1,154,652.83 | 79.93 | .054 1.992 | | 664.36 | | 4.32 |
| OUTPATIENTS | 125,039 | 532 , 118 | | 48,070,969.21 | 79.93 90.34 | 1.992 | | 384.45 | | 179.97 |
| MEDICAL SUPPLIES | 12,930 | 824,513 | | 1,926,794.68 | 2.34 | 3.007 | | 149.02 | | 7.21 |
| @DENTIST | 10,157 | 49,795 | \$ | 1,819,102.50 | | | \$ | | \$ | |
| VISITS - DIAGNOSTIC | 7,095 | 31,314 | | 438,337.90 | 14.00 | .117 | | 61.78 | | 1.64 |
| ORAL SURGERY | 1 , 557 | 3,897 | | 210,402.45 | 53.99 | .015 | | 135.13 | | .79 |
| | | | | | | | | | | |

| DRUGS | 195 | 212 | 4,936.80 | | .001 | 25.32 | .02 |
|----------------------------|-----------------|---------------------|---------------------|----------------|------------|--------------|------------|
| ANESTHESIA | 55 | 58 | 4,605.00 | | .000 | 83.73 | .02 |
| PERIODONTICS | 390 | 421 | 43,588.00 | 103.53 | .002 | 111.76 | .16 |
| ENDODONTICS | 814 | 1,315 | 245,854.45 | 186.96 | .005 | 302.03 | .92 |
| RESTORATIVE DENTISTRY | 3,207 | 9,613 | 563,636.99 | 58.63 | .036 | 175.75 | 2.11 |
| PROSTHETICS | 49 | 49 | 1,445.00 | 29.49 | .000 | 29.49 | .01 |
| DENTURES, STAYPLATES | 625 | 1,735 | 225,860.40 | 130.18 | .006 | 361.38 | .85 |
| SPACE MAINTAINERS | 64 | 84 | 9,456.00 | 112.57 | .000 | 147.75 | .04 |
| MAXILLOFACIAL SERVICES | 28 | 30 | 4,928.94 | 164.30 | .000 | 176.03 | .02 |
| FRACTURES, DISLOCATIONS | 1 | 2 | 444.32 | 222.16 | .000 | 444.32 | .00 |
| ORTHODONTIC SERVICES | 605 | 787 | 61,556.25 | 78.22 | .003 | 101.75 | .23 |
| ALL OTHER SERVICES | 218 | 278 | 4,050.00 | 14.57 | .001 | 18.58 | .02 |
| #CALIF DEPT OF HEALTH SERV | MEDI-CAL SERVIC | CES AND EXPENDITURE | ES MONTH-OF-PAYMENT | REPORT FOR JAN | 2004 THRU | DEC 2004 | PAGE 1,050 |
| MOP024 | FEE-FOR-SERVICE | E/DENTAL | | | | | 03/14/05 |
| BUTTE COUNTY | SUMMARY OF SERV | VICES FOR PUBLIC A | ASSISTANCE - TOTAL | | | | |
| | | | | | M | ONTHLY AVERA | GE |
| 267,099 ELIGIBLES | USERS | UNITS OF SERVICE | EXPENDITURES | | | | COST PER |
| | | OR DAYS OF CARE | | PER UNIT/DA | Y PER ELIG | | ELIGIBLE |
| @OPTOMETRIST | 5 , 238 | 13,994 | \$ 295,458.56 | • | .052 | • | |
| DIAGNOSTIC AND ANC. PROCED | 2 , 573 | 2 , 715 | 113,256.10 | | .010 | 44.02 | .42 |
| EYE APPLIANCES | 3,848 | 10 , 679 | 170,299.80 | | .040 | 44.26 | .64 |
| OTHER OPTOMETRIC SERVICES | 449 | 600 | 11,902.66 | 19.84 | .002 | 26.51 | .04 |
| @CHIROPRACTOR | 567 | 1,025 | \$ 16,501.38 | | .004 | \$ 29.10 | \$.06 |
| VISITS | 538 | 991 | 16,059.56 | | .004 | 29.85 | .06 |
| OTHER SERVICES | 29 | 34 | 441.82 | | .000 | 15.24 | .00 |
| @PODIATRIST | 1,426 | 2,369 | \$ 31,177.03 | | .009 | \$ 21.86 | • |
| MEDICINE/INJECTIONS | 425 | 483 | 12,786.98 | | .002 | 30.09 | .05 |
| SURGERY/ANES. | 7 | 10 | 341.67 | | .000 | 48.81 | .00 |
| RADIO./PATHOLOGY | 39 | 51 | 899.58 | | .000 | 23.07 | .00 |
| OTHER | 995 | 1,825 | 17,148.80 | 9.40 | .007 | 17.23 | .06 |
| @HOME HEALTH AGENCY | 867 | 34,687 | \$ 1,128,045.65 | | .130 | \$ 1301.09 | · |
| NURSE ANESTHESIST | 371 | 4,163 | \$ 44,143.81 | \$ 10.60 | .016 | \$ 118.99 | \$.17 |
| | | | | | | | |

| NURSE MIDWIFE | 617 | | \$ | 112,398.43 | | 30.77 | .014 | | 182.17 | | .42 |
|---|----------------------------|-----------------------|------|---------------------------------|--------|--------------------|-------------|------|------------|------|-----------|
| PEDIATRIC NURSE PRACTITIONER | 2 | | \$ | 99.30 | \$ | 33.10 | .000 | | | | .00 |
| FAMILY NURSE PRACTITIONER | 1,001 | 2,108 | \$ | 34,477.97 | \$ | 16.36 | .008 | | | | .13 |
| @TOTAL HOSPITAL | 48,428 | 224,447 | \$ | 29 , 738 , 527.73 | \$ | 132.50 | .840 | \$ | | \$ | 111.34 |
| HOSP INPATIENT TOTAL | 3,388 | 12,576 | | 23,316,123.28 | | 1854.02 | .047 | | 6881.97 | | 87.29 |
| HSC HOSPITALS | 248 | 1,865 | | 2,713,403.69 | | 1454.91 | .007 | | 10941.14 | | 10.16 |
| NON-HSC HOSPITAL TOTAL | 2,250 | 10,711 | | 19,815,906.66 | | | | | 8807.07 | | 74.19 |
| ACCOMMODATIONS | 2,248 | 10,711 | | 6,325,432.40 | | 1850.05 590.55 | .040 | | 2813.80 | | 23.68 |
| ADMINISTRATIVE DAYS | 3 | 26 | | 5,194.46 | | 199.79 | .000 | | 1731.49 | | .02 |
| TRANSITIONAL IP CARE | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| ALL OTHER ACCOM | 2,245 | | | 6,320,237.94 | | 591.51 | .040 | | 2815.25 | | 23.66 |
| ANCILLARIES | 2,243 | 10,000 | | | | .00 | .000 | | 5995.77 | | 50.51 |
| | 2 , 230 922 | 0 | | 13,490,474.26 786,812.93 | | | | | | | |
| INPATIENT CROSSOVERS | | | | • | | .00 | .000 | | 853.38 | | 2.95 |
| ALL OTHER INPATIENT | 0 47,248 | 0 211 , 871 | | .00 | | .00 | .000 | | .00 | | .00 |
| HOSP OUTPATIENT TOTAL | 4/,248 | | | 6,422,404.45 | | 30.31 | | | 135.93 | | 24.05 |
| MEDICAL | 21,479 | 36,122 | | 1,748,724.82 | | 48.41 | | | 81.42 | | 6.55 |
| SURGERY | 2,904 | 3,552 | | 182 , 595.86 | | 51.41 | | | 62.88 | | .68 |
| PATHOLOGY | 15,252 | 60 , 805 | | 800,068.97 | | 13.16 | .228 | | 52.46 | | 3.00 |
| RADIOLOGY | 9,810 | 14,373 | | 1,029,941.22 | | 71.66 38.73 | .054 | | 104.99 | | 3.86 |
| ROOM USE | 23,143 | 34,254 | | 1,326,530.15 | | 38.73 | .128 | | 57.32 | | 4.97 |
| CROSSOVERS/ALL OTH OUTPINT | 20,588 | 62 , 765 | | 1,334,543.43 | | 21.26 | .235 | | 64.82 | | 5.00 |
| @COUNTY HOSPITAL TOTAL | 20 , 588 81 8 | 386 29 19 | \$ | 59,918.53 | \$ | 155.23 | .001 | \$ | 739.73 | \$ | .22 |
| CO HOSPITAL INPATIENT TOTAL | 8 | 29 | | 50,469.88 | | 1740.34 | .000 | | 6308.74 | | .19 |
| HSC HOSPITALS | 6 | 19 | | 22,476.00 | | 1182.95 | .000 | | 3746.00 | | .08 |
| NON-HSC HOSPITALS TOTAL | 2 | 19 10 | | 27,993.88 | | 1182.95 2799.39 | .000 | | 13996.94 | | .10 |
| ACCOMMODATIONS | 2 | 10 | | 11,096.00 | | 1109.60 | .000 | | 5548.00 | | .04 |
| ADMINISTRATIVE DAYS | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| TRANSITIONAL IP CARE | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| HSC HOSPITAL INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT | 2 | 10 0 0 10 | | 11,096.00 | | 1109.60 | .000 | | 5548.00 | | .04 |
| ANCILLARIES | 2 | 0 | | 16,897.88 | | .00 | .000 | | 8448.94 | | .06 |
| INPATIENT CROSSOVERS | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| ALL OTHER INPATIENT | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| CO HOSP OUTPATIENT TOTAL | 73 | 357 | | 9,448.65 | | 26.47 | .001 | | 129.43 | | .04 |
| MEDICAL | | 28 | | 933.33 | | 33.33 | | | 37.33 | | .00 |
| SURGERY | 25 8 24 | 14 | | 549.54 | | 33.33 39.25 | .000 | | 68.69 | | .00 |
| PATHOLOGY | 24 | 113 | | 1,763.55 | | 15 61 | .000 | | 73.48 | | .01 |
| RADIOLOGY | 11 | 21 | | 1,750.73 | | 15.61 83.37 | .000 | | 159.16 | | .01 |
| ROOM USE | 44 | 60 | | 2,906.75 | | 48.45 | .000 | | 66.06 | | .01 |
| CROSSOVERS/ALL OTH OUTPTNT | 42 | 121 | | 1,544.75 | | 12.77 | .000 | | 36.78 | | .01 |
| | | | S N | MONTH-OF-PAYMENT RI | FPOR | | | | | D: | AGE 1,051 |
| | FEE-FOR-SERVICE | | 10 1 | TONIII OF TAIMENT IN | EI OI | .I FOR OAN | 2004 111110 | יבע | 2004 | 1.2 | 03/14/05 |
| | | ICES FOR PUBLIC A | CCT | CTANCE - TOTAL | | | | | | | 03/14/03 |
| BOILE COONII | SOMMANI OF SERV | ICES FOR FUBLIC A | | ISTANCE TOTAL | | | | м∩мп | THLY AVERA | CF . | |
| 267,099 ELIGIBLES | USERS | UNITS OF SERVICE | | EXPENDITURES | Z\ 7.7 | ERAGE COST | | | | | COST PER |
| 201,099 ELIGIBLES | OSERS | OR DAYS OF CARE | | EVERNDIIOVE2 | | R UNIT/DAY | | | USER | | ELIGIBLE |
| @COMMUNITY HOSPITAL TOTAL | 48,358 | | \$ | 29,678,609.20 | | 132.46 | .839 | | | | |
| | | | | | | | | | | | |
| COMM HOSP INPATIENT TOTAL | | 12,547 | | | | 1854.28 | | | | | |
| HSC HOSPITALS | 242 | 1,846 | | 2,690,927.69 | | 1457.71 | .007 | | 11119.54 | | 10.07 |
| NON-HSC HOSPITALS TOTAL | 2,248 | 10,701 | | 19,787,912.78 | | 1849.16 | .040 | | 8802.45 | | 74.08 |
| ACCOMMODATIONS | 2,246 | 10,701 | | 6,314,336.40 | | 590.07 | .040 | | 2811.37 | | 23.64 |
| ADMINISTRATIVE DAYS | 3 | 26 | | 5,194.46 | | 199.79 | .000 | | 1731.49 | | .02 |
| TRANSITIONAL IP CARE | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| ALL OTHER ACCOM | 2,243 | 10,675 | | 6,309,141.94 | | 591.02 | .040 | | 2812.81 | | 23.62 |
| ANCILLARIES | 2,248 | 0 | | 13,473,576.38 | | .00 | .000 | | 5993.58 | | 50.44 |
| INPATIENT CROSSOVERS | 922 | 0 | | 786,812.93 | | .00 | .000 | | 853.38 | | 2.95 |
| ALL OTHER INPATIENT | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| | | | | | | | | | | | |

| COMM HOSP OUTPATIENT TOTAL | 47,185 | 211,514 | | 6,412,955.80 | | 30.32 | .792 | | 135.91 | | 24.01 |
|---|---------------------------------------|----------------------|----------|---------------------|----------|---|------------------|----------|------------------|----------|-------------|
| MEDICAL | 21,456 | 36 , 094 | | 1,747,791.49 | | 48.42 | .135 | | 81.46 | | 6.54 |
| SURGERY | 2,896 | 3 , 538 | | 182,046.32 | | 51.45 | .013 | | 62.86 | | .68 |
| PATHOLOGY | 15,230 | 60,692 | | 798,305.42 | | 13.15 | .227 | | 52.42 | | 2.99 |
| RADIOLOGY | 9,800 | 14,352 | | 1,028,190.49 | | 71.64 | .054 | | 104.92 | | 3.85 |
| ROOM USE | 23,102 | 34,194 | | 1,323,623.40 | | 38.71 | .128 | | 57.29 | | 4.96 |
| CROSSOVERS/ALL OTH OUTPINT | | 62,644 | | 1,332,998.68 | | 21.28 | .235 | | 64.86 | | 4.99 |
| @STATE HOSPITAL | 2 | 45 | \$ | 24,489.17 | \$ | | | \$ | 12244.59 | \$ | .09 |
| MENTALLY ILL | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| DEVELOP. DISABLED | 2 | 45 | | 24,489.17 | | 544.20 | .000 | | 12244.59 | | .09 |
| @NURSING FACILITY | 1,487 | 36,269 | \$ | 5,127,898.69 | \$ | | | | 3448.49 | Ś | 19.20 |
| LEV A-INTERMEDIATE | 0 | 0 | 7 | .00 | - | .00 | .000 | т. | .00 | 4 | .00 |
| LEV B-REHAB MD | 7 | 253 | | 31,705.96 | | 125.32 | .001 | | 4529.42 | | .12 |
| LEV B-SUBACUTE FREESTANDING | • | 671 | | 245,800.72 | | 366.32 | .003 | | 11704.80 | | .92 |
| LEV B-SUBACUTE HSPTL BASED | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| LEV B-TRANSITIONAL IP CARE | • | | | .00 | | .00 | .000 | | .00 | | .00 |
| LEV B-REGULAR | 0 1 , 459 | 0 35 , 345 | | 4,850,392.01 | | 137.23 | .132 | | 3324.46 | | 18.16 |
| @INTERMEDIATE CARE FACILDD | 333 | 9,996 | \$ | 1,963,571.82 | Ś | 196.44 | | ¢ | 5896.61 | Ś | 7.35 |
| ICF DDH | 112 | 3,449 | Ÿ | 592,574.27 | Ÿ | 171.81 | .013 | Ÿ | 5290.84 | Y | 2.22 |
| | | 0,449 | | .00 | | .00 | .000 | | .00 | | .00 |
| ICF DD ICF DDN/DDCN @HEMODIALYSIS TOTAL HOSPITAL BASED HEMODIALYSIS CENTER @REHABILITATION FACILITY HOSPITAL BASED INDEPENDENT FACILITY @LABORATORY FACILITY | 221 | 6 , 547 | | 1,370,997.55 | | 209.41 | .025 | | 6203.61 | | 5.13 |
| AUEMODIATIVETE TOTAT | 527 | 10,489 | \$ | 521,790.49 | Ċ | 49.75 | | Ċ | 971.68 | Ċ | 1.95 |
| UCCDIMAL DACED | 0 | 10,409 | ۲ | | | .00 | .000 | ۲ | .00 | ې | .00 |
| HEMODIALVETE CENTED | 527 | 10,489 | | .00 521,790.49 | | 49.75 | .039 | | 971.68 | | 1.95 |
| ADELIA DIL TERRETONI ERCITTEN | 000 | 10,489 | \$ | 197,188.64 | | 19.75 | .039 | | | ċ | .74 |
| GREHABILITATION FACILITY | 880 | | Ģ | | | | | Ş | | Þ | |
| HUSPITAL BASED | 5Z8 | 3,299 | | 85,341.45 | | 25.87 | .012 | | 161.63 317.75 | | .32 |
| INDEPENDENT FACILITY | 332 | 6 , 929 | Ċ | 111,847.19 | ć | 25.87 16.14 15.15 15.11 22.58 101.37 51.95 38.33 | .026 | ć | | Ċ | .42 |
| GLABORATORY FACILITY | 8,084 | 31,091 | \$ | 470,982.48 | Ş | 15.15 | .116 | Ş | 58.26 | Ş | 1.76 |
| PAINOLOGI | 0,009 | 30,920 | | 467,121.17 | | 15.11 | .116 | | 58.32 | | 1.75 |
| XO AND OTHERS | 78 | 171 | <u>^</u> | 3,861.31 | <u> </u> | 22.58 | .001 | <u>^</u> | 49.50 | <u> </u> | .01 |
| @ORGANIZED OUTPATIENT CLINIC | 58,708 | 103,355 | \$ | 10,477,532.15 | Ş | 101.37 | .38/ | Ş | 178.47 | \$ | 39.23 |
| CLINIC | 2,363 | 6,172 | | 320,650.76 | | 51.95 | .023 | | 135.70 | | 1.20 |
| SURGICENTER | 362 | 2,202 | | 84,402.61 | | 38.33 | .008 | | 233.16 | | .32 |
| HEROIN DETOX CLINIC | 12 | 178 | | 2,139.07 | | 12.02 | .001 | | 178.26 | | .01 |
| RURAL HEALTH CLINIC | 12 56,736 MEDI-CAL SERVI | 94,803 | | 10,070,339.71 | | 106.22 | .355 | | 177.49 | | 37.70 |
| | | | ES M | MONTH-OF-PAYMENT R | EPORT | ' FOR JAN . | 2004 THRU | DEC | 2004 | E | PAGE 1,052 |
| MOP024 | FEE-FOR-SERVIC | | | | | | | | | | 03/14/05 |
| BUTTE COUNTY | SUMMARY OF SER | VICES FOR PUBLIC | ASS1 | ISTANCE - TOTAL | | | | | | ~- | |
| 067 000 51 10151 50 | | | | | | | M | | | .GE | |
| 267,099 ELIGIBLES | USERS | UNITS OF SERVICE | | EXPENDITURES | | | UNITS/DAY | | | | COST PER |
| 0.1.1. 0.0000 DD000000000 | 30,859 2,032 14 925 5,175 | OR DAYS OF CARE | | F 470 110 00 | | | PER ELIG | | USER | | ELIGIBLE |
| @ALL OTHER PROVIDERS | 30,859 | 932,913 | \$ | 5,472,118.90 | \$ | 5.87 | | Ş | 177.33 | \$ | 20.49 |
| DURABLE MED. EQUIP. | 2,032 | 5,994 | | 811,037.85 | | 135.31 | .022 | | 399.13 | | 3.04 |
| BLOOD BANK | 14 | 9,102 | | 27,306.00 | | 3.00 | .034 | | 1950.43 | | .10 |
| HEARING AID DISPENSERS | 925 5 , 175 | 1,757 | | 136,521.75 | | 77.70 | .007 | | 147.59 | | .51 |
| MEDICAL TRANSPORTATION | 5,175 | | | 1,109,054.87 | | 6.27 | .662 | | 214.31 | | 4.15 |
| AMBULANCES/AIR TRANS | 3,347 1,867 | 31,114 | | 538,341.28 | | 17.30 | .116 | | 160.84 | | 2.02 |
| | | 144,638 | | 489,989.36 | | 3.39 | .542 | | 262.45 | | 1.83 |
| OTHER SERVICES | 190 | 1,067 | | 80,724.23 | | 75.66 | .004 | | 424.86 | | .30 |
| ACUPUNCTURE | 250 | 475 | | 8,327.55 | | 17.53 | .002 | | 33.31 | | .03 |
| ADULT DAY HEALTH CARE CTR | | 5 , 535 | | 385 , 322.09 | | 3.00 77.70 6.27 17.30 3.39 75.66 17.53 69.62 | .021 | | 863.95 | | 1.44 |
| GENETIC DISEASE TESTING | 101 | 101 | | 10,605.00 | | 100.00 | . 0 0 0 | | 105.00 | | .04 |
| IHMC, MODEL-NF, NF, AIDS, MSSP | 1,520 | 34,644 | | 1,337,715.80 | | 38.61 | .130 | | 880.08 | | 5.01 |
| | <u> </u> | <u> </u> | | 0.0 | | $\cap \cap$ | $\cap \cap \cap$ | | \cap | | $\cap \cap$ |

OCCUPATIONAL THERAPIST

PHYSICAL THERAPIST

OPTICIAN

0

4,450 229 0

10,108 2,104 .00

10.35

14.52

.00

23.51

133.45

.00

.39

.11

.000

.038

.008

.00

104,628.29 30,559.27

| PORTABLE X-RAY | 16 | 33 | 31.56 | .96 | .000 | 1.97 | .00 |
|-------------------------------|--------|------------------|---------------------|-------------|-------|---------------|-------------|
| PROSTHETIST/ORTHOTISTS | 317 | 868 | 131,058.36 | 150.99 | .003 | 413.43 | .49 |
| PROSTHETICS | 303 | 823 | 125,683.96 | 152.71 | .003 | 414.80 | .47 |
| ORTHOTICS | 14 | 45 | 5,374.40 | 119.43 | .000 | 383.89 | .02 |
| PSYCHOLOGIST | 71 | 252 | 15,868.42 | 62.97 | .001 | 223.50 | .06 |
| SPEECH AND AUDIOLOGY | 1,156 | 3 , 307 | 165,962.73 | 50.19 | .012 | 143.57 | .62 |
| HOSPICE SERVICES | 88 | 2,035 | 238,665.74 | 117.28 | .008 | 2712.11 | .89 |
| NONINST BIRTHING CENTERS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| LOCAL EDUCATION AGENCIES | 8,804 | 56 , 830 | 436,598.51 | 7.68 | .213 | 49.59 | 1.63 |
| EPSDT SUPPLEMENTAL SERVICE | 1 | 76 | 2,427.44 | 31.94 | .000 | 2427.44 | .01 |
| RESPIRATORY CARE PRACT. | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PED SUBACUTE REHAB/WEANING | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER PROVIDERS | 8,113 | 622 , 873 | 520 , 427.67 | .84 | 2.332 | 64.15 | 1.95 |
| @CALIF. CHILDREN SERVICES* | 1,902 | 60,303 | \$ 3,064,733.31 | \$ 50.82 | .226 | \$ 1611.32 | \$ 11.47 |
| @XOVER EXCLUDING STATE HOSP** | 22,156 | 184,261 | \$ 3,017,404.61 | \$ 16.38 | .690 | \$ 136.19 | \$ 11.30 |

^{0*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 1,053 MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05 BUTTE COUNTY SUMMARY OF SERVICES FOR MN - NO SOC - AGED AID CODE 14 1H 1U 1X

| | | | | | | MO | ONTHLY AVERA | GE |
|----------------------------|-----------------|------------------|----|--------------|--------------|------------|--------------|-----------|
| 14,889 ELIGIBLES | USERS | UNITS OF SERVICE | € | EXPENDITURES | AVERAGE COST | UNITS/DAYS | S COST PER | COST PER |
| | | OR DAYS OF CAR | € | | PER UNIT/DAY | PER ELIG | USER | ELIGIBLE |
| @TOTAL, ALL PROVIDERS | 13 , 399 | 195 , 054 | \$ | 6,553,606.76 | \$ 33.60 | 13.101 | \$ 489.11 | \$ 440.16 |
| @PHYSICIANS SERVICES | 2,370 | 7,248 | \$ | 163,403.32 | \$ 22.54 | .487 | \$ 68.95 | \$ 10.97 |
| OUTPATIENT VISITS | 112 | 145 | | 5,244.58 | 36.17 | .010 | 46.83 | .35 |
| OFFICE VISITS | 104 | 137 | | 4,747.52 | 34.65 | .009 | 45.65 | .32 |
| HOME VISITS | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| EMERGENCY ROOM | 5 | 5 | | 397.46 | 79.49 | .000 | 79.49 | .03 |
| PREVENTIVE CARE | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| OB VISITS/COMPRE PERI | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| OTHER OUTPATIENT | 3 | 3 | | 99.60 | 33.20 | .000 | 33.20 | .01 |
| INPATIENT VISITS | 52 | 254 | | 11,103.66 | 43.72 | .017 | 213.53 | .75 |
| HOSPITAL VISITS | 42 | 229 | | 9,601.06 | 41.93 | .015 | 228.60 | .64 |
| CRITICAL CARE | 3 | 9 | | 1,094.40 | 121.60 | .001 | 364.80 | .07 |
| SNF/ICF/TRANS IP CARE | 13 | 16 | | 408.20 | 25.51 | .001 | 31.40 | .03 |
| OPHTHALMOLOGICAL SERVICES | 13 | 14 | | 547.66 | 39.12 | .001 | 42.13 | .04 |
| EXAMINATIONS | 13 | 14 | | 547.66 | 39.12 | .001 | 42.13 | .04 |
| SERVICES AND MATERIALS | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| INPATIENT HOSPITAL SURGERY | 26 | 225 | | 20,802.21 | 92.45 | .015 | 800.09 | 1.40 |
| PRINCIPAL SURGEON | 22 | 155 | | 17,681.87 | 114.08 | .010 | 803.72 | 1.19 |
| ASSISTANT SURGEON | 8 | 8 | | 1,779.16 | 222.40 | .001 | 222.40 | .12 |
| ANESTHESIOLOGIST | 4 | 62 | | 1,341.18 | 21.63 | .004 | 335.30 | .09 |
| OUTPATIENT SURGERY | 30 | 149 | | 8,649.33 | 58.05 | .010 | 288.31 | .58 |
| PRINCIPAL SURGEON | 25 | 27 | | 7,842.29 | 290.46 | .002 | 313.69 | .53 |
| ASSISTANT SURGEON | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| ANESTHESIOLOGIST | 6 | 122 | | 807.04 | 6.62 | .008 | 134.51 | .05 |
| DIALYSIS | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| PATHOLOGY | 16 | 70 | | 895.77 | 12.80 | .005 | 55.99 | .06 |
| RADIOLOGY | 110 | 245 | | 9,490.63 | 38.74 | .016 | 86.28 | .64 |
| PSYCHIATRY | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| IMMUNIZATION AND INJECTION | 8 | 289 | | 12,097.76 | 41.86 | .019 | 1512.22 | .81 |
| OTHER SERVICES/ALL X-OVERS | 2,150 | 5 , 857 | | 94,571.72 | 16.15 | .393 | 43.99 | 6.35 |
| @PHARMACY | 11,010 | 111,196 | \$ | 3,676,463.92 | | 7.468 | \$ 333.92 | \$ 246.92 |
| PRESCRIPTION DRUGS | 10,832 | 50,790 | | 3,568,314.83 | 70.26 | 3.411 | 329.42 | 239.66 |

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

| SNF/ICF | 324 | 2,477 | | 125,016.07 | | 50.47 | .166 | 385.85 | 8 | 3.40 |
|----------------------------|----------------------|-------------|--------|------------------|--------|-----------|----------------|---------------|------|--------|
| OUTPATIENTS | 10,535 | 48,313 | | 3,443,298.76 | | 71.27 | 3.245 | 326.84 | 231 | 1.26 |
| MEDICAL SUPPLIES | 1,188 | 60,406 | | 108,149.09 | | 1.79 | 4.057 | 91.03 | - | 7.26 |
| @DENTIST | 385 | 1,484 | \$ | 68,061.15 | \$ | 45.86 | .100 | \$ 176.78 | \$ | 4.57 |
| VISITS - DIAGNOSTIC | 240 | 936 | | 11,505.50 | | 12.29 | .063 | 47.94 | | .77 |
| ORAL SURGERY | 54 | 127 | | 7,184.00 | | 56.57 | .009 | 133.04 | | .48 |
| DRUGS | 0 | 0 | | .00 | | .00 | .000 | .00 | | .00 |
| ANESTHESIA | 1 | 1 | | .00 | | .00 | .000 | .00 | | .00 |
| PERIODONTICS | 18 | 18 | | 1,683.00 | | 93.50 | .001 | 93.50 | | .11 |
| ENDODONTICS | 14 | 16 | | 3,481.00 | | 217.56 | .001 | 248.64 | | .23 |
| RESTORATIVE DENTISTRY | 75 | 146 | | 12,043.65 | | 82.49 | .010 | 160.58 | | .81 |
| PROSTHETICS | 4 | 4 | | 105.00 | | 26.25 | .000 | 26.25 | | .01 |
| DENTURES, STAYPLATES | 90 | 227 | | 32,059.00 | | 141.23 | .015 | 356.21 | 4 | 2.15 |
| SPACE MAINTAINERS | 0 | 0 | | .00 | | .00 | .000 | .00 | | .00 |
| MAXILLOFACIAL SERVICES | 0 | 0 | | .00 | | .00 | .000 | .00 | | .00 |
| FRACTURES, DISLOCATIONS | 0 | 0 | | .00 | | .00 | .000 | .00 | | .00 |
| ORTHODONTIC SERVICES | 0 | 0 | | .00 | | .00 | .000 | .00 | | .00 |
| ALL OTHER SERVICES | 11 | 9 | | .00 | | .00 | .001 | .00 | | .00 |
| #CALIF DEPT OF HEALTH SERV | MEDI-CAL SERVICES AN | D EXPENDITU | RES MC | NTH-OF-PAYMENT R | EPORT | FOR JAN | 2004 THRU | DEC 2004 | PAGE | 1,054 |
| MOP024 | FEE-FOR-SERVICE/DENT | 'AL | | | | | | | 03, | /14/05 |
| BUTTE COUNTY | SUMMARY OF SERVICES | FOR MN - N | O SOC | - AGED AID | CODE | 14 1H 10 | J 1X | | | |
| | | | | | | | N | MONTHLY AVERA | GE | |
| 1/ 999 FITCIBIES | HODDO HINTT | C OF CEDVIC | c - | EADEMULLIDES | 7/1/17 | DACE COST | י וואודיים/סאז | COOT DED | COST | DFD |

| | | | | | | | M | Γ NO | HLY AVERA | GΕ | |
|------------------------------|-------|------------------|----|---------------------|----|------------|-----------|-------------|-----------|----|----------|
| 14,889 ELIGIBLES | USERS | UNITS OF SERVICE | } | EXPENDITURES | AV | ERAGE COST | UNITS/DAY | S | COST PER | | COST PER |
| | | OR DAYS OF CARE | } | | PΕ | R UNIT/DAY | PER ELIG | | USER | | ELIGIBLE |
| @OPTOMETRIST | 303 | 769 | \$ | 14,253.37 | \$ | 18.53 | .052 | \$ | 47.04 | \$ | .96 |
| DIAGNOSTIC AND ANC. PROCED | 38 | 39 | | 1,692.74 | | 43.40 | .003 | | 44.55 | | .11 |
| EYE APPLIANCES | 231 | 635 | | 10,649.27 | | 16.77 | .043 | | 46.10 | | .72 |
| OTHER OPTOMETRIC SERVICES | 65 | 95 | | 1,911.36 | | 20.12 | .006 | | 29.41 | | .13 |
| @CHIROPRACTOR | 10 | 14 | \$ | 176.19 | \$ | 12.59 | .001 | \$ | 17.62 | \$ | .01 |
| VISITS | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| OTHER SERVICES | 10 | 14 | | 176.19 | | 12.59 | .001 | | 17.62 | | .01 |
| @PODIATRIST | 297 | 546 | \$ | 4,916.40 | \$ | 9.00 | .037 | \$ | 16.55 | \$ | .33 |
| MEDICINE/INJECTIONS | 1 | 1 | | 57.20 | | 57.20 | .000 | | 57.20 | | .00 |
| SURGERY/ANES. | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| RADIO./PATHOLOGY | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| OTHER | 296 | 545 | | 4,859.20 | | 8.92 | .037 | | 16.42 | | .33 |
| @HOME HEALTH AGENCY | 8 | 45 | \$ | 3 , 176.76 | \$ | 70.59 | .003 | \$ | 397.10 | \$ | .21 |
| NURSE ANESTHESIST | 4 | 35 | \$ | 483.45 | \$ | 13.81 | .002 | \$ | 120.86 | \$ | .03 |
| NURSE MIDWIFE | 0 | 0 | \$ | .00 | \$ | .00 | .000 | \$ | .00 | \$ | .00 |
| PEDIATRIC NURSE PRACTITIONER | 0 | 0 | \$ | .00 | \$ | .00 | .000 | \$ | .00 | \$ | .00 |
| FAMILY NURSE PRACTITIONER | 0 | 0 | \$ | .00 | \$ | .00 | .000 | \$ | .00 | \$ | .00 |
| @TOTAL HOSPITAL | 2,033 | 7,494 | \$ | , | \$ | | | \$ | 399.15 | \$ | 54.50 |
| HOSP INPATIENT TOTAL | 285 | 218 | | 655 , 609.81 | | 3007.38 | .015 | | 2300.39 | | 44.03 |
| HSC HOSPITALS | 7 | 45 | | 46,541.35 | | 1034.25 | .003 | | 6648.76 | | 3.13 |
| NON-HSC HOSPITAL TOTAL | 25 | 173 | | 398 , 695.58 | | 2304.60 | .012 | | 15947.82 | | 26.78 |
| ACCOMMODATIONS | 25 | 173 | | 126,945.33 | | 733.79 | .012 | | 5077.81 | | 8.53 |
| ADMINISTRATIVE DAYS | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| TRANSITIONAL IP CARE | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| ALL OTHER ACCOM | 25 | 173 | | 126,945.33 | | 733.79 | .012 | | 5077.81 | | 8.53 |
| ANCILLARIES | 25 | 0 | | 271 , 750.25 | | .00 | .000 | | 10870.01 | | 18.25 |
| INPATIENT CROSSOVERS | 254 | 0 | | 210,372.88 | | .00 | .000 | | 828.24 | | 14.13 |
| ALL OTHER INPATIENT | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| HOSP OUTPATIENT TOTAL | 1,901 | 7 , 276 | | 155 , 868.96 | | 21.42 | .489 | | 81.99 | | 10.47 |
| MEDICAL | 62 | 132 | | 8,042.21 | | 60.93 | .009 | | 129.71 | | .54 |
| SURGERY | 14 | 14 | | 615.53 | | 43.97 | .001 | | 43.97 | | .04 |
| PATHOLOGY | 154 | 473 | | 5,907.35 | | 12.49 | .032 | | 38.36 | | .40 |
| | | | | | | | | | | | |

| RADIOLOGY | 56 | 84 | 9,810.57 | 116.79 | .006 | 175.19 | .66 |
|-----------------------------|------------------|-----------------------|-------------------|---------------|--------------|------------|------------|
| ROOM USE | 48 | 64 | 2,876.45 | 44.94 | .004 | 59.93 | .19 |
| CROSSOVERS/ALL OTH OUTPINT | 1,734 | 6 , 509 | 128,616.85 | 19.76 | .437 | 74.17 | 8.64 |
| @COUNTY HOSPITAL TOTAL | 5 | 16 \$ | 1,115.90 | \$ 69.74 | .001 \$ | 223.18 | \$.07 |
| CO HOSPITAL INPATIENT TOTAL | 1 | 0 | 840.00 | .00 | .000 | 840.00 | .06 |
| HSC HOSPITALS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| NON-HSC HOSPITALS TOTAL | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ACCOMMODATIONS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ADMINISTRATIVE DAYS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| TRANSITIONAL IP CARE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER ACCOM | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ANCILLARIES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| INPATIENT CROSSOVERS | 1 | 0 | 840.00 | .00 | .000 | 840.00 | .06 |
| ALL OTHER INPATIENT | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| CO HOSP OUTPATIENT TOTAL | 4 | 16 | 275.90 | 17.24 | .001 | 68.98 | .02 |
| MEDICAL | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| SURGERY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PATHOLOGY | 2 | 12 | 68.05 | 5.67 | .001 | 34.03 | .00 |
| RADIOLOGY | 2 | 4 | 207.85 | 51.96 | .000 | 103.93 | .01 |
| ROOM USE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| CROSSOVERS/ALL OTH OUTPINT | 1 | 0 | .00 | .00 | .000 | .00 | .00 |
| #CALIF DEPT OF HEALTH SERV | MEDI-CAL SERVICE | S AND EXPENDITURES MO | NTH-OF-PAYMENT RI | EPORT FOR JAN | 2004 THRU DE | C 2004 | PAGE 1,055 |
| MOP024 | FEE-FOR-SERVICE/ | DENTAL | | | | | 03/14/05 |
| BUTTE COUNTY | SUMMARY OF SERVI | CES FOR MN - NO SOC | - AGED AID | CODE 14 1H 1U | 1X | | |
| | | | | | MON' | THLY AVERA | GE |
| 14,889 ELIGIBLES | USERS | UNITS OF SERVICE | EXPENDITURES | AVERAGE COST | UNITS/DAYS | COST PER | COST PER |
| • | | OR DAYS OF CARE | | PER UNIT/DAY | PER ELIG | USER | ELIGIBLE |
| @COMMUNITY HOSPITAL TOTAL | 2,029 | 7,478 \$ | 810,362.87 | \$ 108.37 | .502 \$ | 399.39 | \$ 54.43 |
| COMM HOSP INPATIENT TOTAL | 284 | 218 | 654,769.81 | 3003.53 | .015 | 2305.53 | 43.98 |
| HSC HOSPITALS | 7 | 45 | 46,541.35 | 1034.25 | .003 | 6648.76 | 3.13 |
| NON-HSC HOSPITALS TOTAL | 25 | 173 | 398,695.58 | 2304.60 | .012 | 15947.82 | 26.78 |
| ACCOMMODATIONS | 25 | 173 | 126,945.33 | 733.79 | .012 | 5077.81 | 8.53 |
| | | | • | | | | |

| ADMINITORD ARTICE DAVIC | 0 | 0 | | .00 | | .00 | .000 | | .00 | | 0.0 |
|------------------------------|-----------------|------------------|---------|-------------------|----------|-------------|-------|------|-----------|-----|-----------|
| ADMINISTRATIVE DAYS | 0 | 0 | | .00 | | .00 | | | .00 | | .00 |
| TRANSITIONAL IP CARE | | | | | | | .000 | | | | .00 |
| ALL OTHER ACCOM | 25 | 173 | | 126,945.33 | | 733.79 | .012 | | 5077.81 | | 8.53 |
| ANCILLARIES | 25 | 0 | | 271,750.25 | | .00 | .000 | | 10870.01 | | 18.25 |
| INPATIENT CROSSOVERS | 253 | 0 | | 209,532.88 | | .00 | .000 | | 828.19 | | 14.07 |
| ALL OTHER INPATIENT | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| COMM HOSP OUTPATIENT TOTAL | 1,898 | 7,260 | | 155,593.06 | | 21.43 | .488 | | 81.98 | | 10.45 |
| MEDICAL | 62 | 132 | | 8,042.21 | | 60.93 | .009 | | 129.71 | | .54 |
| SURGERY | 14 | 14 | | 615.53 | | 43.97 | .001 | | 43.97 | | .04 |
| PATHOLOGY | 152 | 461 | | 5,839.30 | | 12.67 | .031 | | 38.42 | | .39 |
| | 54 | 80 | | 9,602.72 | | 120.03 | .005 | | 177.83 | | .64 |
| RADIOLOGY | 48 | | | | | | | | | | |
| ROOM USE | | 64 | | 2,876.45 | | 44.94 | .004 | | 59.93 | | .19 |
| CROSSOVERS/ALL OTH OUTPTNT | • | 6,509 | | 128,616.85 | | 19.76 | .437 | | 74.17 | | 8.64 |
| @STATE HOSPITAL | 0 | 0 | \$ | .00 | \$ | .00 | .000 | \$ | .00 | \$ | .00 |
| MENTALLY ILL | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| DEVELOP. DISABLED | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| @NURSING FACILITY | 403 | 7,821 | \$ | 1,197,081.43 | \$ | 153.06 | .525 | \$ | 2970.43 | \$ | 80.40 |
| LEV A-INTERMEDIATE | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| LEV B-REHAB MD | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| LEV B-SUBACUTE FREESTANDING | - | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| LEV B-SUBACUTE HSPTL BASED | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| LEV B-TRANSITIONAL IP CARE | - | • | | | | | | | | | |
| LEV B-REGULAR | 403 | 7,821 | _ | 1,197,081.43 | _ | 153.06 | .525 | _ | 2970.43 | _ | 80.40 |
| @INTERMEDIATE CARE FACILDD | 0 | 0 | \$ | .00 | \$ | .00 | .000 | \$ | .00 | Ş | .00 |
| ICF DDH | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| ICF DD | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| ICF DDN/DDCN | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| @HEMODIALYSIS TOTAL | 53 | 76 | \$ | 33,453.17 | \$ | 440.17 | .005 | \$ | 631.19 | \$ | 2.25 |
| HOSPITAL BASED | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| HEMODIALYSIS CENTER | 53 | 76 | | 33,453.17 | | 440.17 | .005 | | 631.19 | | 2.25 |
| @REHABILITATION FACILITY | 3 | 17 | \$ | 391.61 | \$ | 23.04 | .001 | Ś | 130.54 | Ś | .03 |
| HOSPITAL BASED | 3 | 17 | Υ | 391.61 | ۲ | 23.04 | .001 | Ψ | 130.54 | Ψ. | .03 |
| | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| INDEPENDENT FACILITY | 79 | | Ċ | | Ċ | | | Ċ | | Ċ | |
| @LABORATORY FACILITY | | 225 | \$ | 3,835.76 | \$ | 17.05 | .015 | \$ | 48.55 | Þ | .26 |
| PATHOLOGY | 71 | 212 | | 3,681.76 | | 17.37 | .014 | | 51.86 | | .25 |
| XO AND OTHERS | 8 | 13 | | 154.00 | | 11.85 | .001 | | 19.25 | | .01 |
| @ORGANIZED OUTPATIENT CLINIC | 1,525 | 2,766 | \$ | 174,795.77 | \$ | 63.19 | .186 | \$ | 114.62 | \$ | 11.74 |
| CLINIC | 56 | 81 | | 6 , 320.07 | | 78.03 | .005 | | 112.86 | | .42 |
| SURGICENTER | 15 | 28 | | 3,290.12 | | 117.50 | .002 | | 219.34 | | .22 |
| HEROIN DETOX CLINIC | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| RURAL HEALTH CLINIC | 1,464 | 2,657 | | 165,185.58 | | 62.17 | .178 | | 112.83 | | 11.09 |
| #CALIF DEPT OF HEALTH SERV | • | • | IRES MO | ONTH-OF-PAYMENT R | EPOR | | | DEC | | P | AGE 1,056 |
| MOP024 | FEE-FOR-SERVICE | | | | | | | | | | 03/14/05 |
| BUTTE COUNTY | | /ICES FOR MN - N | IO SOC | - ACED AID | CODE | E 14 1H 1U | 1 y | | | | 03/11/00 |
| BOILE COONII | SOMMANI OF SERV | TOES FOR MIN IN | 10 500 | AGED AID | CODI | 7 14 111 10 | | יחומ | HLY AVERA | CF. | |
| 14,889 ELIGIBLES | HCEDC | UNITS OF SERVIC | · | EXPENDITURES | 7. 7. 7. | ERAGE COST | | | COST PER | - | COST PER |
| 14,009 ELIGIBLES | USERS | | | EXPENDITURES | | | | | | | |
| | 0 101 | OR DAYS OF CAR | | 404 605 60 | | R UNIT/DAY | | | USER | | ELIGIBLE |
| @ALL OTHER PROVIDERS | 2,481 | 55 , 318 | \$ | 401,635.69 | \$ | 7.26 | 3.715 | \$ | 161.88 | Ş | 26.98 |
| DURABLE MED. EQUIP. | 77 | 229 | | 24,398.64 | | 106.54 | .015 | | 316.87 | | 1.64 |
| BLOOD BANK | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| HEARING AID DISPENSERS | 223 | 417 | | 38,698.24 | | 92.80 | .028 | | 173.53 | | 2.60 |
| MEDICAL TRANSPORTATION | 396 | 13,321 | | 68,211.51 | | 5.12 | .895 | | 172.25 | | 4.58 |
| AMBULANCES/AIR TRANS | 54 | 226 | | 5,978.28 | | 26.45 | .015 | | 110.71 | | .40 |
| OTHER TRANS | 340 | 12,897 | | 61,311.84 | | 4.75 | .866 | | 180.33 | | 4.12 |
| OTHER SERVICES | 27 | 198 | | 921.39 | | 4.65 | .013 | | 34.13 | | .06 |
| ACUPUNCTURE | 12 | 18 | | 313.58 | | 17.42 | .013 | | 26.13 | | .02 |
| 17001 01401 01/13 | 12 | 10 | | 313.30 | | 11.74 | .001 | | 20.13 | | • 0 2 |

| ADULT DAY HEALTH CARE CTR | 84 | 1,006 | 70,067.08 | 69.65 | .068 | 834.13 | 4.71 |
|--------------------------------|-------|-----------------|------------------|-------------|-------|--------------|-------------|
| GENETIC DISEASE TESTING | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| IHMC, MODEL-NF, NF, AIDS, MSSP | 220 | 2,149 | 120,299.97 | 55.98 | .144 | 546.82 | 8.08 |
| OCCUPATIONAL THERAPIST | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OPTICIAN | 307 | 700 | 8,139.98 | 11.63 | .047 | 26.51 | .55 |
| PHYSICAL THERAPIST | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PORTABLE X-RAY | 11 | 13 | 7.10 | .55 | .001 | .65 | .00 |
| PROSTHETIST/ORTHOTISTS | 7 | 25 | 1,613.23 | 64.53 | .002 | 230.46 | .11 |
| PROSTHETICS | 7 | 25 | 1,613.23 | 64.53 | .002 | 230.46 | .11 |
| ORTHOTICS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PSYCHOLOGIST | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| SPEECH AND AUDIOLOGY | 19 | 36 | 4,588.47 | 127.46 | .002 | 241.50 | .31 |
| HOSPICE SERVICES | 8 | 172 | 11,616.21 | 67.54 | .012 | 1452.03 | .78 |
| NONINST BIRTHING CENTERS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| LOCAL EDUCATION AGENCIES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| EPSDT SUPPLEMENTAL SERVICE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| RESPIRATORY CARE PRACT. | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PED SUBACUTE REHAB/WEANING | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER PROVIDERS | 1,384 | 37,232 | 53,681.68 | 1.44 | 2.501 | 38.79 | 3.61 |
| @CALIF. CHILDREN SERVICES* | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 |
| @XOVER EXCLUDING STATE HOSP** | 4,619 | 27 , 279 | \$ 799,583.09 | \$ 29.31 | 1.832 | \$ 173.11 | \$ 53.70 |

^{0*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 1,057
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
BUTTE COUNTY SUMMARY OF SERVICES FOR MN - NO SOC - BLIND AID CODE 24

| | | | | | MON | ITHLY AVERAC | GE |
|----------------------------|-------|------------------|--------------|--------------|------------|--------------|-----------|
| 61 ELIGIBLES | USERS | UNITS OF SERVICE | EXPENDITURES | AVERAGE COST | UNITS/DAYS | COST PER | COST PER |
| | | OR DAYS OF CARE | | PER UNIT/DAY | PER ELIG | USER | ELIGIBLE |
| @TOTAL, ALL PROVIDERS | 60 | 1,661 \$ | 38,737.61 | \$ 23.32 | 27.230 \$ | 645.63 | \$ 635.04 |
| @PHYSICIANS SERVICES | 20 | 50 \$ | 1,048.77 | \$ 20.98 | .820 \$ | 52.44 | \$ 17.19 |
| OUTPATIENT VISITS | 1 | 1 | 40.91 | 40.91 | .016 | 40.91 | .67 |
| OFFICE VISITS | 1 | 1 | 40.91 | 40.91 | .016 | 40.91 | .67 |
| HOME VISITS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| EMERGENCY ROOM | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PREVENTIVE CARE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OB VISITS/COMPRE PERI | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OTHER OUTPATIENT | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| INPATIENT VISITS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| HOSPITAL VISITS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| CRITICAL CARE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| SNF/ICF/TRANS IP CARE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OPHTHALMOLOGICAL SERVICES | 1 | 2 | 45.33 | 22.67 | .033 | 45.33 | .74 |
| EXAMINATIONS | 1 | 2 | 45.33 | 22.67 | .033 | 45.33 | .74 |
| SERVICES AND MATERIALS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| INPATIENT HOSPITAL SURGERY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PRINCIPAL SURGEON | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ASSISTANT SURGEON | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ANESTHESIOLOGIST | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OUTPATIENT SURGERY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PRINCIPAL SURGEON | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ASSISTANT SURGEON | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ANESTHESIOLOGIST | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| DIALYSIS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PATHOLOGY | 1 | 1 | 6.06 | 6.06 | .016 | 6.06 | .10 |

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

| RADIOLOGY | 0 | 0 | | .00 | | .00 | .000 | .00 | | .00 |
|----------------------------|--------------------------|-----------|-------------|-------------|--------|----------|-----------|----------------------|----------|-----------|
| PSYCHIATRY | 0 | 0 | | .00 | | .00 | .000 | .00 | | .00 |
| IMMUNIZATION AND INJECTION | 0 | 0 | | .00 | | .00 | .000 | .00 | | .00 |
| OTHER SERVICES/ALL X-OVERS | 18 | 46 | | 956.47 | | 20.79 | .754 | 53.14 | | 15.68 |
| @PHARMACY | 48 | 1,059 | \$ | 17,643.39 | \$ | 16.66 | 17.361 | \$ 367.57 | \$ | 289.24 |
| PRESCRIPTION DRUGS | 48 | 214 | | 17,074.67 | | 79.79 | 3.508 | 355.72 | | 279.91 |
| SNF/ICF | 0 | 0 | | .00 | | .00 | .000 | .00 | | .00 |
| OUTPATIENTS | 48 | 214 | | 17,074.67 | | 79.79 | 3.508 | 355.72 | | 279.91 |
| MEDICAL SUPPLIES | 7 | 845 | | 568.72 | | .67 | 13.852 | 81.25 | | 9.32 |
| @DENTIST | 4 | 19 | \$ | 1,329.00 | \$ | 69.95 | .311 | \$ 332.25 | \$ | 21.79 |
| VISITS - DIAGNOSTIC | 3 | 11 | | 145.00 | | 13.18 | .180 | 48.33 | | 2.38 |
| ORAL SURGERY | 0 | 0 | | .00 | | .00 | .000 | .00 | | .00 |
| DRUGS | 0 | 0 | | .00 | | .00 | .000 | .00 | | .00 |
| ANESTHESIA | 0 | 0 | | .00 | | .00 | .000 | .00 | | .00 |
| PERIODONTICS | 0 | 0 | | .00 | | .00 | .000 | .00 | | .00 |
| ENDODONTICS | 0 | 0 | | .00 | | .00 | .000 | .00 | | .00 |
| RESTORATIVE DENTISTRY | 1 | 6 | | 284.00 | | 47.33 | .098 | 284.00 | | 4.66 |
| PROSTHETICS | 0 | 0 | | .00 | | .00 | .000 | .00 | | .00 |
| DENTURES, STAYPLATES | 1 | 2 | | 900.00 | | 450.00 | .033 | 900.00 | | 14.75 |
| SPACE MAINTAINERS | 0 | 0 | | .00 | | .00 | .000 | .00 | | .00 |
| MAXILLOFACIAL SERVICES | 0 | 0 | | .00 | | .00 | .000 | .00 | | .00 |
| FRACTURES, DISLOCATIONS | 0 | 0 | | .00 | | .00 | .000 | .00 | | .00 |
| ORTHODONTIC SERVICES | 0 | 0 | | .00 | | .00 | .000 | .00 | | .00 |
| ALL OTHER SERVICES | 0 | 0 | | .00 | | .00 | .000 | .00 | | .00 |
| #CALIF DEPT OF HEALTH SERV | MEDI-CAL SERVICES AND EX | (PENDITUE | RES MONTH-C | F-PAYMENT R | REPORT | FOR JAN | 2004 THRU | DEC 2004 | PP | AGE 1,058 |
| MOP024 | FEE-FOR-SERVICE/DENTAL | | | | | | | | | 03/14/05 |
| BUTTE COUNTY | SUMMARY OF SERVICES FOR | MN - NO | O SOC - BLI | IND | | AID CODE | | | | |
| | | | | | | | 7. | A CHILLY A A TIME OF | α | |

| | | | | | | Mo | TNC: | HLY AVERA | GΕ | |
|-------|--|--------------------|--------------------|--------------------|--------------------|--------------------|--|---|---|--------------------|
| USERS | UNITS OF SERVICE | | EXPENDITURES | AVE | RAGE COST | UNITS/DAY | S | COST PER | | COST PER |
| | OR DAYS OF CARE | | | PER | UNIT/DAY | PER ELIG | | USER | | ELIGIBLE |
| 0 | 0 | \$ | .00 | \$ | .00 | .000 | \$ | .00 | \$ | .00 |
| 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| 0 | 0 | \$ | .00 | \$ | .00 | .000 | \$ | .00 | \$ | .00 |
| 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| 1 | 1 | \$ | 19.73 | \$ | 19.73 | .016 | \$ | 19.73 | \$ | .32 |
| 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| 1 | 1 | | 19.73 | | 19.73 | .016 | | 19.73 | | .32 |
| 0 | 0 | \$ | .00 | \$ | .00 | .000 | \$ | .00 | \$ | .00 |
| 0 | 0 | \$ | .00 | \$ | .00 | .000 | \$ | .00 | \$ | .00 |
| 0 | 0 | \$ | .00 | \$ | .00 | .000 | \$ | .00 | \$ | .00 |
| 0 | 0 | \$ | .00 | \$ | .00 | .000 | \$ | .00 | \$ | .00 |
| 0 | 0 | \$ | .00 | \$ | .00 | .000 | \$ | .00 | \$ | .00 |
| 12 | 67 | \$ | 2,315.05 | \$ | 34.55 | 1.098 | \$ | 192.92 | \$ | 37.95 |
| 2 | 0 | | 1,680.00 | | .00 | .000 | | 840.00 | | 27.54 |
| 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| | USERS 0 0 0 0 0 0 0 0 1 0 0 0 1 0 0 0 1 2 2 0 0 0 0 | OR DAYS OF CARE O | OR DAYS OF CARE O | USERS UNITS OF SERVICE OR DAYS OF CARE EXPENDITURES AVERAGE COST UNITS/DAYS PER UNIT/DAY PER ELIG 0 0 \$.00 \$.00 .00 0 0 \$.00 .00 .00 .00 0 0 .00 .00 .00 .00 .00 0 0 .00 . | USERS UNITS OF SERVICE OR DAYS EXPENDITURES AVERAGE COST UNITS/DAYS PER ELIG 0 0 \$.00 \$.00 .00 .00 \$ 0 0 0 .00 | USERS UNITS OF SERVICE OR DAYS OF CARE EXPENDITURES AVERAGE COST UNITS/DAYS PER UNIT/DAY COST PER USER 0 0 \$.00 \$.00 .00 .00 .00 0 0 .00 .00 .00 .00 .00 .00 0 0 .00 .00 .00 .00 .00 .00 0 0 .00 | OR DAYS OF CARE O |

| INPATIENT CROSSOVERS | 2 | 0 | 1,680.00 | .00 | .000 | 840.00 | 27.54 |
|--|--|--|--|--|---|---|--|
| ALL OTHER INPATIENT | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| HOSP OUTPATIENT TOTAL | 12 | 67 | 635.05 | 9.48 | 1.098 | 52.92 | 10.41 |
| MEDICAL | 1 | 2 | 18.89 | 9.45 | .033 | 18.89 | .31 |
| SURGERY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| | 0 | 0 | | | | | |
| PATHOLOGY | • | U | .00 | .00 | .000 | .00 | .00 |
| RADIOLOGY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ROOM USE | 1 | 1 | 35.13 | 35.13 | .016 | 35.13 | .58 |
| CROSSOVERS/ALL OTH OUTPTNT | 10 | 64 | 581.03 | 9.08 | 1.049 | 58.10 | 9.53 |
| @COUNTY HOSPITAL TOTAL | 0 | 0 \$ | .00 | \$.00 | .000 \$ | .00 | \$.00 |
| CO HOSPITAL INPATIENT TOTAL | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| HSC HOSPITALS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| NON-HSC HOSPITALS TOTAL | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| | 0 | 0 | | | | | |
| ACCOMMODATIONS | 0 | U | .00 | .00 | .000 | .00 | .00 |
| ADMINISTRATIVE DAYS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| TRANSITIONAL IP CARE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER ACCOM | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ANCILLARIES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| INPATIENT CROSSOVERS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER INPATIENT | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| | 0 | 0 | | | | | |
| CO HOSP OUTPATIENT TOTAL | U | 0 | .00 | .00 | .000 | .00 | .00 |
| MEDICAL | Ü | 0 | .00 | .00 | .000 | .00 | .00 |
| SURGERY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PATHOLOGY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| RADIOLOGY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ROOM USE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| CROSSOVERS/ALL OTH OUTPINT | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| #CALIF DEPT OF HEALTH SERV | | ES AND EXPENDITURES MON | | | | | PAGE 1,059 |
| #CALIF DEFI OF HEALTH SERV | MEDI CHI SEKVIC | | | TEOMI FON OWN 5 | | - 200 4 | FAGE I, UJJ |
| MODOSA | EEE EOD CEDVICE | | | | | | 02/11/05 |
| MOP024 | FEE-FOR-SERVICE | /DENTAL | | 1.T.D. GODE | 0.4 | | 03/14/05 |
| MOP024 BUTTE COUNTY | | | | AID CODE | | | |
| BUTTE COUNTY | SUMMARY OF SERV | /DENTAL ICES FOR MN - NO SOC - | - BLIND | | MON' | | GE |
| | | /DENTAL | | AVERAGE COST | MON'S | COST PER | |
| BUTTE COUNTY | SUMMARY OF SERV USERS | /DENTAL ICES FOR MN - NO SOC - | - BLIND | | MON'S | | GE |
| BUTTE COUNTY | SUMMARY OF SERV | /DENTAL ICES FOR MN - NO SOC - UNITS OF SERVICE | - BLIND | AVERAGE COST | MON'S | COST PER USER | GE COST PER ELIGIBLE |
| BUTTE COUNTY 61 ELIGIBLES | SUMMARY OF SERV USERS | /DENTAL ICES FOR MN - NO SOC - UNITS OF SERVICE OR DAYS OF CARE | BLIND EXPENDITURES | AVERAGE COST PER UNIT/DAY | MON' UNITS/DAYS PER ELIG | COST PER USER | GE COST PER ELIGIBLE |
| BUTTE COUNTY 61 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL | SUMMARY OF SERV USERS 12 | /DENTAL ICES FOR MN - NO SOC - UNITS OF SERVICE OR DAYS OF CARE 67 \$ 0 | EXPENDITURES 2,315.05 1,680.00 | AVERAGE COST PER UNIT/DAY \$ 34.55 .00 | MONT UNITS/DAYS PER ELIG 1.098 \$ | COST PER USER 192.92 840.00 | GE COST PER ELIGIBLE \$ 37.95 27.54 |
| BUTTE COUNTY 61 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS | SUMMARY OF SERV USERS 12 2 | /DENTAL ICES FOR MN - NO SOC - UNITS OF SERVICE OR DAYS OF CARE 67 \$ | EXPENDITURES 2,315.05 1,680.00 .00 | AVERAGE COST PER UNIT/DAY \$ 34.55 .00 .00 | MONTUNITS/DAYS PER ELIG 1.098 \$.000 .000 | COST PER USER 192.92 840.00 .00 | GE COST PER ELIGIBLE \$ 37.95 27.54 .00 |
| BUTTE COUNTY 61 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL | SUMMARY OF SERV USERS 12 2 | /DENTAL ICES FOR MN - NO SOC - UNITS OF SERVICE OR DAYS OF CARE 67 \$ 0 | EXPENDITURES 2,315.05 1,680.00 .00 .00 | AVERAGE COST PER UNIT/DAY \$ 34.55 .00 .00 .00 | MONTUNITS/DAYS PER ELIG 1.098 \$.000 .000 | COST PER USER 192.92 840.00 .00 | GE COST PER ELIGIBLE \$ 37.95 27.54 .00 .00 |
| BUTTE COUNTY 61 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS | SUMMARY OF SERV USERS 12 2 | /DENTAL ICES FOR MN - NO SOC - UNITS OF SERVICE OR DAYS OF CARE 67 \$ 0 0 0 0 | EXPENDITURES 2,315.05 1,680.00 .00 .00 .00 | AVERAGE COST PER UNIT/DAY \$ 34.55 .00 .00 .00 .00 | MONTUNITS/DAYS PER ELIG 1.098 \$.000 .000 .000 | COST PER USER 192.92 840.00 .00 .00 | GE COST PER ELIGIBLE \$ 37.95 27.54 .00 .00 .00 |
| BUTTE COUNTY 61 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS | SUMMARY OF SERV USERS 12 2 | /DENTAL ICES FOR MN - NO SOC - UNITS OF SERVICE OR DAYS OF CARE 67 \$ 0 | EXPENDITURES 2,315.05 1,680.00 .00 .00 .00 .00 | AVERAGE COST PER UNIT/DAY \$ 34.55 .00 .00 .00 .00 .00 | MONTUNITS/DAYS PER ELIG 1.098 \$.000 .000 .000 .000 | COST PER USER 192.92 840.00 .00 .00 | GE COST PER ELIGIBLE \$ 37.95 27.54 .00 .00 .00 .00 |
| BUTTE COUNTY 61 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE | SUMMARY OF SERV USERS 12 2 | /DENTAL ICES FOR MN - NO SOC - UNITS OF SERVICE OR DAYS OF CARE 67 \$ 0 0 0 0 0 | EXPENDITURES 2,315.05 1,680.00 .00 .00 .00 .00 .00 | AVERAGE COST PER UNIT/DAY \$ 34.55 .00 .00 .00 .00 .00 .00 | MON' UNITS/DAYS PER ELIG 1.098 \$.000 .000 .000 .000 .000 .000 | COST PER USER 192.92 840.00 .00 .00 .00 | GE COST PER ELIGIBLE \$ 37.95 27.54 .00 .00 .00 .00 .00 |
| BUTTE COUNTY 61 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS | SUMMARY OF SERV USERS 12 2 | /DENTAL ICES FOR MN - NO SOC - UNITS OF SERVICE OR DAYS OF CARE 67 \$ 0 0 0 0 | EXPENDITURES 2,315.05 1,680.00 .00 .00 .00 .00 .00 .00 | AVERAGE COST PER UNIT/DAY \$ 34.55 .00 .00 .00 .00 .00 | MONTUNITS/DAYS PER ELIG 1.098 \$.000 .000 .000 .000 | COST PER USER 192.92 840.00 .00 .00 .00 .00 | GE COST PER ELIGIBLE \$ 37.95 27.54 .00 .00 .00 .00 .00 .00 .00 |
| BUTTE COUNTY 61 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE | SUMMARY OF SERV USERS 12 2 | /DENTAL ICES FOR MN - NO SOC - UNITS OF SERVICE OR DAYS OF CARE 67 \$ 0 0 0 0 0 | EXPENDITURES 2,315.05 1,680.00 .00 .00 .00 .00 .00 | AVERAGE COST PER UNIT/DAY \$ 34.55 .00 .00 .00 .00 .00 .00 | MON' UNITS/DAYS PER ELIG 1.098 \$.000 .000 .000 .000 .000 .000 | COST PER USER 192.92 840.00 .00 .00 .00 | GE COST PER ELIGIBLE \$ 37.95 27.54 .00 .00 .00 .00 .00 |
| BUTTE COUNTY 61 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM | SUMMARY OF SERV USERS 12 2 | /DENTAL ICES FOR MN - NO SOC - UNITS OF SERVICE OR DAYS OF CARE 67 \$ 0 0 0 0 0 | EXPENDITURES 2,315.05 1,680.00 .00 .00 .00 .00 .00 .00 | AVERAGE COST PER UNIT/DAY \$ 34.55 .00 .00 .00 .00 .00 .00 .00 | MON' UNITS/DAYS PER ELIG 1.098 \$.000 .000 .000 .000 .000 .000 .000 | COST PER USER 192.92 840.00 .00 .00 .00 .00 | GE COST PER ELIGIBLE \$ 37.95 27.54 .00 .00 .00 .00 .00 .00 .00 |
| BUTTE COUNTY 61 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS | SUMMARY OF SERV USERS 12 2 | /DENTAL ICES FOR MN - NO SOC - UNITS OF SERVICE OR DAYS OF CARE 67 \$ 0 0 0 0 0 0 0 0 0 | EXPENDITURES 2,315.05 1,680.00 .00 .00 .00 .00 .00 .00 .00 .00 .0 | AVERAGE COST PER UNIT/DAY \$ 34.55 .00 .00 .00 .00 .00 .00 .00 .00 .00 | MONY UNITS/DAYS PER ELIG 1.098 \$.000 .000 .000 .000 .000 .000 .000 .0 | COST PER USER 192.92 840.00 .00 .00 .00 .00 .00 .00 | GE COST PER ELIGIBLE \$ 37.95 27.54 .00 .00 .00 .00 .00 .00 .00 |
| BUTTE COUNTY 61 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT | SUMMARY OF SERV USERS 12 2 0 0 0 0 0 0 0 2 0 0 | /DENTAL ICES FOR MN - NO SOC - UNITS OF SERVICE OR DAYS OF CARE 67 \$ 0 0 0 0 0 0 0 0 0 0 0 0 0 | EXPENDITURES 2,315.05 1,680.00 .00 .00 .00 .00 .00 .00 .00 .00 .0 | AVERAGE COST PER UNIT/DAY \$ 34.55 .00 .00 .00 .00 .00 .00 .00 .00 .00 | MONY UNITS/DAYS PER ELIG 1.098 \$.000 .000 .000 .000 .000 .000 .000 .0 | COST PER USER 192.92 840.00 .00 .00 .00 .00 .00 .00 | GE COST PER ELIGIBLE \$ 37.95 27.54 .00 .00 .00 .00 .00 .00 .00 |
| BUTTE COUNTY 61 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL | SUMMARY OF SERV USERS 12 2 0 0 0 0 0 0 0 2 0 12 | /DENTAL ICES FOR MN - NO SOC - UNITS OF SERVICE OR DAYS OF CARE 67 \$ 0 0 0 0 0 0 0 0 0 0 0 67 | EXPENDITURES 2,315.05 1,680.00 .00 .00 .00 .00 .00 .00 .00 .00 .0 | AVERAGE COST PER UNIT/DAY \$ 34.55 .00 .00 .00 .00 .00 .00 .00 .00 .00 | MONY UNITS/DAYS PER ELIG 1.098 \$.000 .000 .000 .000 .000 .000 .000 .0 | COST PER USER 192.92 840.00 .00 .00 .00 .00 .00 .00 .00 .00 .0 | GE COST PER ELIGIBLE \$ 37.95 27.54 .00 .00 .00 .00 .00 .00 .00 .00 .00 .0 |
| BUTTE COUNTY 61 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL | SUMMARY OF SERV USERS 12 2 0 0 0 0 0 0 0 2 0 12 1 | /DENTAL ICES FOR MN - NO SOC - UNITS OF SERVICE OR DAYS OF CARE 67 \$ 0 0 0 0 0 0 0 0 0 0 67 | EXPENDITURES 2,315.05 1,680.00 .00 .00 .00 .00 .00 .00 .00 .00 .0 | AVERAGE COST PER UNIT/DAY \$ 34.55 .00 .00 .00 .00 .00 .00 .00 .00 .00 | MONY UNITS/DAYS PER ELIG 1.098 \$.000 .000 .000 .000 .000 .000 .000 .0 | COST PER USER 192.92 840.00 .00 .00 .00 .00 .00 .00 .00 .00 .0 | GE COST PER ELIGIBLE \$ 37.95 27.54 .00 .00 .00 .00 .00 .00 .00 |
| BUTTE COUNTY 61 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY | SUMMARY OF SERV USERS 12 2 0 0 0 0 0 0 0 2 0 12 1 0 | /DENTAL ICES FOR MN - NO SOC - UNITS OF SERVICE OR DAYS OF CARE 67 \$ 0 0 0 0 0 0 0 0 0 67 2 0 | EXPENDITURES 2,315.05 1,680.00 .00 .00 .00 .00 .00 .00 .00 .00 .0 | AVERAGE COST PER UNIT/DAY \$ 34.55 .00 .00 .00 .00 .00 .00 .00 .00 .00 | MONY UNITS/DAYS PER ELIG 1.098 \$.000 .000 .000 .000 .000 .000 .000 .0 | COST PER USER 192.92 840.00 .00 .00 .00 .00 .00 .00 .00 .00 .0 | GE COST PER ELIGIBLE \$ 37.95 27.54 .00 .00 .00 .00 .00 .00 .00 .00 .00 .10 .1 |
| BUTTE COUNTY 61 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY | SUMMARY OF SERV USERS 12 2 0 0 0 0 0 0 0 2 0 12 1 0 0 0 0 0 | /DENTAL ICES FOR MN - NO SOC - UNITS OF SERVICE OR DAYS OF CARE 67 \$ 0 0 0 0 0 0 0 0 0 67 2 0 0 0 | EXPENDITURES 2,315.05 1,680.00 .00 .00 .00 .00 .00 .00 .00 .00 .0 | AVERAGE COST PER UNIT/DAY \$ 34.55 .00 .00 .00 .00 .00 .00 .00 .00 .00 | MONY UNITS/DAYS PER ELIG 1.098 \$.000 .000 .000 .000 .000 .000 .000 .0 | COST PER USER 192.92 840.00 .00 .00 .00 .00 .00 .00 .00 .00 .0 | GE COST PER ELIGIBLE \$ 37.95 27.54 .00 .00 .00 .00 .00 .00 .00 |
| BUTTE COUNTY 61 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY | SUMMARY OF SERV USERS 12 2 0 0 0 0 0 0 0 2 0 12 1 0 0 0 0 0 | /DENTAL ICES FOR MN - NO SOC - UNITS OF SERVICE OR DAYS OF CARE 67 \$ 0 0 0 0 0 0 0 0 67 2 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 | EXPENDITURES 2,315.05 1,680.00 .00 .00 .00 .00 .00 .00 .00 .00 .0 | AVERAGE COST PER UNIT/DAY \$ 34.55 .00 .00 .00 .00 .00 .00 .00 .00 .00 | MONY UNITS/DAYS PER ELIG 1.098 \$.000 .000 .000 .000 .000 .000 .000 .0 | COST PER USER 192.92 840.00 .00 .00 .00 .00 .00 .00 .00 .52.92 18.89 .00 .00 .00 .00 .00 .00 .00 .00 .00 .0 | GE COST PER ELIGIBLE \$ 37.95 27.54 .00 .00 .00 .00 .00 .00 .00 .00 .00 .10 .1 |
| BUTTE COUNTY 61 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY | SUMMARY OF SERV USERS 12 2 0 0 0 0 0 0 0 2 0 12 1 0 0 0 1 | /DENTAL ICES FOR MN - NO SOC - UNITS OF SERVICE OR DAYS OF CARE 67 \$ 0 0 0 0 0 0 0 0 0 67 2 0 0 0 | EXPENDITURES 2,315.05 1,680.00 .00 .00 .00 .00 .00 .00 .00 .00 .0 | AVERAGE COST PER UNIT/DAY \$ 34.55 .00 .00 .00 .00 .00 .00 .00 .00 .00 | MONY UNITS/DAYS PER ELIG 1.098 \$.000 .000 .000 .000 .000 .000 .000 .0 | COST PER USER 192.92 840.00 .00 .00 .00 .00 .00 .00 .00 .52.92 18.89 .00 .00 .00 .00 .00 .00 .00 .00 .00 .0 | GE COST PER ELIGIBLE \$ 37.95 27.54 .00 .00 .00 .00 .00 .00 .00 .00 .00 .10 .1 |
| BUTTE COUNTY 61 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY | SUMMARY OF SERV USERS 12 2 0 0 0 0 0 0 0 2 0 12 1 0 0 0 0 0 | /DENTAL ICES FOR MN - NO SOC - UNITS OF SERVICE OR DAYS OF CARE 67 \$ 0 0 0 0 0 0 0 0 67 2 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 | EXPENDITURES 2,315.05 1,680.00 .00 .00 .00 .00 .00 .00 .00 .00 .0 | AVERAGE COST PER UNIT/DAY \$ 34.55 .00 .00 .00 .00 .00 .00 .00 .00 .00 | MONY UNITS/DAYS PER ELIG 1.098 \$.000 .000 .000 .000 .000 .000 .000 .0 | COST PER USER 192.92 840.00 .00 .00 .00 .00 .00 .00 .00 .52.92 18.89 .00 .00 .00 .00 .00 .00 .00 .00 .00 .0 | GE COST PER ELIGIBLE \$ 37.95 27.54 .00 .00 .00 .00 .00 .00 .00 .00 .00 .10 .1 |
| BUTTE COUNTY 61 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE | SUMMARY OF SERV USERS 12 2 0 0 0 0 0 0 0 2 0 12 1 0 0 0 1 | /DENTAL ICES FOR MN - NO SOC - UNITS OF SERVICE OR DAYS OF CARE 67 \$ 0 0 0 0 0 0 0 0 67 2 0 0 0 0 1 | EXPENDITURES 2,315.05 1,680.00 .00 .00 .00 .00 .00 .00 .00 .00 .0 | AVERAGE COST PER UNIT/DAY \$ 34.55 .00 .00 .00 .00 .00 .00 .00 .00 .00 | MONY UNITS/DAYS PER ELIG 1.098 \$.000 .000 .000 .000 .000 .000 .000 .0 | COST PER USER 192.92 840.00 .00 .00 .00 .00 .00 .00 .00 .52.92 18.89 .00 .00 .00 .00 .00 .00 .00 .00 .00 .0 | GE COST PER ELIGIBLE \$ 37.95 27.54 .00 .00 .00 .00 .00 .00 .00 .00 .00 .10 .1 |
| BUTTE COUNTY 61 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE CROSSOVERS/ALL OTH OUTPINT | SUMMARY OF SERV USERS 12 2 0 0 0 0 0 0 0 2 0 12 1 0 0 0 1 1 10 | /DENTAL ICES FOR MN - NO SOC - UNITS OF SERVICE OR DAYS OF CARE 67 \$ 0 0 0 0 0 0 0 0 67 2 0 0 0 1 64 | EXPENDITURES 2,315.05 1,680.00 .00 .00 .00 .00 .00 .00 .00 .00 .0 | AVERAGE COST PER UNIT/DAY \$ 34.55 .00 .00 .00 .00 .00 .00 .00 .00 .00 | MONY UNITS/DAYS PER ELIG 1.098 \$.000 .000 .000 .000 .000 .000 .000 .0 | COST PER USER 192.92 840.00 .00 .00 .00 .00 .00 .00 .00 .00 .0 | GE COST PER ELIGIBLE \$ 37.95 27.54 .00 .00 .00 .00 .00 .00 .00 27.54 .00 10.41 .31 .00 .00 .00 .00 .00 .58 9.53 \$.00 |
| BUTTE COUNTY 61 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE CROSSOVERS/ALL OTH OUTPTNT @STATE HOSPITAL MENTALLY ILL | SUMMARY OF SERV USERS 12 2 0 0 0 0 0 0 0 2 0 12 1 0 0 0 1 1 10 0 0 0 | /DENTAL ICES FOR MN - NO SOC - UNITS OF SERVICE OR DAYS OF CARE 67 \$ 0 0 0 0 0 0 0 0 0 0 0 0 67 2 0 0 0 0 1 64 0 5 0 | EXPENDITURES 2,315.05 1,680.00 .00 .00 .00 .00 .00 .00 .00 .00 .0 | AVERAGE COST PER UNIT/DAY \$ 34.55 .00 .00 .00 .00 .00 .00 .00 .00 .00 | MONY UNITS/DAYS PER ELIG 1.098 \$.000 .000 .000 .000 .000 .000 .000 .0 | COST PER USER 192.92 840.00 .00 .00 .00 .00 .00 .00 .00 .00 .0 | GE COST PER ELIGIBLE \$ 37.95 27.54 .00 .00 .00 .00 .00 .00 .00 .00 .00 .0 |
| BUTTE COUNTY 61 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY RADIOLOGY ROOM USE CROSSOVERS/ALL OTH OUTPTNT @STATE HOSPITAL MENTALLY ILL DEVELOP. DISABLED | SUMMARY OF SERV USERS 12 2 0 0 0 0 0 0 0 2 0 12 1 0 0 0 1 1 10 0 0 0 | /DENTAL ICES FOR MN - NO SOC - UNITS OF SERVICE OR DAYS OF CARE 67 \$ 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 1 67 2 0 0 0 0 0 1 64 0 \$ 0 0 | EXPENDITURES 2,315.05 1,680.00 .00 .00 .00 .00 .00 .00 .00 .00 .0 | AVERAGE COST PER UNIT/DAY \$ 34.55 .00 .00 .00 .00 .00 .00 .00 .00 .00 | MONY UNITS/DAYS PER ELIG 1.098 \$.000 .000 .000 .000 .000 .000 .000 .0 | COST PER USER 192.92 840.00 .00 .00 .00 .00 .00 .00 .00 .00 .0 | GE COST PER ELIGIBLE \$ 37.95 27.54 .00 .00 .00 .00 .00 .00 .00 .00 .00 .0 |
| BUTTE COUNTY 61 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY RADIOLOGY ROOM USE CROSSOVERS/ALL OTH OUTPTNT @STATE HOSPITAL MENTALLY ILL DEVELOP. DISABLED @NURSING FACILITY | SUMMARY OF SERV USERS 12 2 0 0 0 0 0 0 0 0 12 1 0 0 0 11 10 0 0 0 | /DENTAL ICES FOR MN - NO SOC - UNITS OF SERVICE OR DAYS OF CARE 67 \$ 0 0 0 0 0 0 0 0 0 0 0 0 0 0 1 67 2 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 | EXPENDITURES 2,315.05 1,680.00 .00 .00 .00 .00 .00 .00 .00 .00 .0 | AVERAGE COST PER UNIT/DAY \$ 34.55 .00 .00 .00 .00 .00 .00 .00 .00 .00 | MONY UNITS/DAYS PER ELIG 1.098 \$.000 .000 .000 .000 .000 .000 .000 .0 | COST PER USER 192.92 840.00 .00 .00 .00 .00 .00 .00 .00 .00 .0 | GE COST PER ELIGIBLE \$ 37.95 27.54 .00 .00 .00 .00 .00 .00 .00 .00 .00 .0 |
| BUTTE COUNTY 61 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY RADIOLOGY ROOM USE CROSSOVERS/ALL OTH OUTPTNT @STATE HOSPITAL MENTALLY ILL DEVELOP. DISABLED | SUMMARY OF SERV USERS 12 2 0 0 0 0 0 0 0 2 0 12 1 0 0 0 1 1 10 0 0 0 | /DENTAL ICES FOR MN - NO SOC - UNITS OF SERVICE OR DAYS OF CARE 67 \$ 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 1 67 2 0 0 0 0 0 1 64 0 \$ 0 0 | EXPENDITURES 2,315.05 1,680.00 .00 .00 .00 .00 .00 .00 .00 .00 .0 | AVERAGE COST PER UNIT/DAY \$ 34.55 .00 .00 .00 .00 .00 .00 .00 .00 .00 | MONY UNITS/DAYS PER ELIG 1.098 \$.000 .000 .000 .000 .000 .000 .000 .0 | COST PER USER 192.92 840.00 .00 .00 .00 .00 .00 .00 .00 .00 .0 | GE COST PER ELIGIBLE \$ 37.95 27.54 .00 .00 .00 .00 .00 .00 .00 .00 .00 .0 |

| LEV B-REHAB MD | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
|------------------------------|-------------------|-----------------|-------|------------------|--------|------------|-----------|-----|-----------|----|-----------|
| LEV B-SUBACUTE FREESTANDING | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| LEV B-SUBACUTE HSPTL BASED | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| LEV B-TRANSITIONAL IP CARE | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| LEV B-REGULAR | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| @INTERMEDIATE CARE FACILDD | 0 | 0 | \$ | .00 | \$ | .00 | .000 | \$ | .00 | \$ | .00 |
| ICF DDH | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| ICF DD | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| ICF DDN/DDCN | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| @HEMODIALYSIS TOTAL | 0 | 0 | \$ | .00 | \$ | .00 | .000 | \$ | .00 | \$ | .00 |
| HOSPITAL BASED | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| HEMODIALYSIS CENTER | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| @REHABILITATION FACILITY | 0 | 0 | \$ | .00 | \$ | .00 | .000 | \$ | .00 | \$ | .00 |
| HOSPITAL BASED | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| INDEPENDENT FACILITY | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| @LABORATORY FACILITY | 0 | 0 | \$ | .00 | \$ | .00 | .000 | \$ | .00 | \$ | .00 |
| PATHOLOGY | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| XO AND OTHERS | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| @ORGANIZED OUTPATIENT CLINIC | 5 | 8 | \$ | 1,262.54 | \$ | 157.82 | .131 | \$ | 252.51 | \$ | 20.70 |
| CLINIC | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| SURGICENTER | 2 | 2 | | 397.84 | | 198.92 | .033 | | 198.92 | | 6.52 |
| HEROIN DETOX CLINIC | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| RURAL HEALTH CLINIC | 3 | 6 | | 864.70 | | 144.12 | .098 | | 288.23 | | 14.18 |
| #CALIF DEPT OF HEALTH SERV | MEDI-CAL SERVICES | | ES MC | NTH-OF-PAYMENT R | REPORT | FOR JAN | 2004 THRU | DEC | 2004 | P | AGE 1,060 |
| MOP024 | FEE-FOR-SERVICE/D | | | | | | | | | | 03/14/05 |
| BUTTE COUNTY | SUMMARY OF SERVIC | ES FOR MN - NC | SOC | - BLIND | | AID CODE | | | | | |
| | | | | | | | | | HLY AVERA | | |
| 61 ELIGIBLES | | NITS OF SERVICE | | EXPENDITURES | | | UNITS/DAY | - | COST PER | | COST PER |
| _ | | OR DAYS OF CARE | | | | R UNIT/DAY | | | USER | | ELIGIBLE |
| @ALL OTHER PROVIDERS | 19 | 457 | \$ | 15,119.13 | \$ | 33.08 | 7.492 | Ş | 795.74 | \$ | 247.85 |
| DURABLE MED. EQUIP. | 1 | 2 | | 95.24 | | 47.62 | .033 | | 95.24 | | 1.56 |
| BLOOD BANK | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |

| HEARING AID DISPENSERS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
|--------------------------------|----|-----|-------------------------|--------------|-------|--------------|-------------|
| MEDICAL TRANSPORTATION | 7 | 184 | 615.25 | 3.34 | 3.016 | 87.89 | 10.09 |
| AMBULANCES/AIR TRANS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OTHER TRANS | 7 | 184 | 615.25 | 3.34 | 3.016 | 87.89 | 10.09 |
| OTHER SERVICES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ACUPUNCTURE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ADULT DAY HEALTH CARE CTR | 9 | 125 | 8,707.94 | 69.66 | 2.049 | 967.55 | 142.75 |
| GENETIC DISEASE TESTING | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| IHMC, MODEL-NF, NF, AIDS, MSSP | 7 | 130 | 5,526.03 | 42.51 | 2.131 | 789.43 | 90.59 |
| OCCUPATIONAL THERAPIST | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OPTICIAN | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PHYSICAL THERAPIST | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PORTABLE X-RAY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PROSTHETIST/ORTHOTISTS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PROSTHETICS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ORTHOTICS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PSYCHOLOGIST | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| SPEECH AND AUDIOLOGY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| HOSPICE SERVICES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| NONINST BIRTHING CENTERS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| LOCAL EDUCATION AGENCIES | 1 | 2 | 39.84 | 19.92 | .033 | 39.84 | .65 |
| EPSDT SUPPLEMENTAL SERVICE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| RESPIRATORY CARE PRACT. | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PED SUBACUTE REHAB/WEANING | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER PROVIDERS | 8 | 14 | 134.83 | 9.63 | .230 | 16.85 | 2.21 |
| @CALIF. CHILDREN SERVICES* | 3 | 2 | \$ 1,102.71 | \$ 551.36 | .033 | \$ 367.57 | \$ 18.08 |
| @XOVER EXCLUDING STATE HOSP** | 26 | 127 | \$ 3 , 708.90 | \$ 29.20 | 2.082 | \$ 142.65 | \$ 60.80 |

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 1,061
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
BUTTE COUNTY SUMMARY OF SERVICES FOR MN - NO SOC - DISABLED 64 6G 6H 6U 6V 6X 8G

----- MONTHLY AVERAGE -----12,226 ELIGIBLES COST PER USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE @TOTAL, ALL PROVIDERS 12,160 230,170 \$ 10,716,505.41 46.56 18.826 \$ 881.29 \$ 876.53 2,785 11,875 34.36 .971 \$ 146.49 \$ @PHYSICIANS SERVICES 407,971.70 52.66 OUTPATIENT VISITS 605 900 31,857.85 35.40 .074 2.61 44.88 OFFICE VISITS 520 761 23,336.65 30.67 .062 1.91 0 0 .00 .000 .00 .00 HOME VISITS .00 79 EMERGENCY ROOM 100 7,227.43 72.27 .008 91.49 .59 PREVENTIVE CARE 0 0 .00 .00 .000 .00 .00 .00 .00 .000 .00 OB VISITS/COMPRE PERI 33 OTHER OUTPATIENT 39 1,293.77 33.17 .003 39.21 .11 INPATIENT VISITS 231 1,352 62,991.01 46.59 .111 272.69 5.15 225 1,273 39.75 .104 224.92 HOSPITAL VISITS 50,607.37 19 76 12,237.60 CRITICAL CARE 161.02 .006 644.08 1.00 SNF/ICF/TRANS IP CARE 3 3 48.68 48.68 146.04 .000 .01 70 OPHTHALMOLOGICAL SERVICES 89 41.80 .007 53.14 .30 3,720.08 70 3,720.08 41.80 53.14 EXAMINATIONS 89 .007 .30 .00 0 Ω .00 .000 .00 SERVICES AND MATERIALS .00 122 970 70,101.90 72.27 .079 574.61 5.73 INPATIENT HOSPITAL SURGERY 104 293 58,782.98 PRINCIPAL SURGEON 200.62 .024 565.22 4.81 8 2,388.90 238.89 ASSISTANT SURGEON 10 .001 298.61 .20 ANESTHESIOLOGIST 29 8,930.02 13.39 .055 307.93 .73

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

| OUTPATIENT SURGERY | 144 | 363 | | 38,383.08 | | 105.74 | .030 | | 266.55 | | 3.14 |
|----------------------------|-----------------|--------------------|--------|-------------------|--------|-----------|-----------|-----|-----------|----|-----------|
| PRINCIPAL SURGEON | 125 | 180 | | 34,304.50 | | 190.58 | .015 | | 274.44 | | 2.81 |
| ASSISTANT SURGEON | 2 | 2 | | 297.84 | | 148.92 | .000 | | 148.92 | | .02 |
| ANESTHESIOLOGIST | 23 | 181 | | 3,780.74 | | 20.89 | .015 | | 164.38 | | .31 |
| DIALYSIS | 13 | 37 | | 3,366.96 | | 91.00 | .003 | | 259.00 | | .28 |
| PATHOLOGY | 97 | 314 | | 6,839.59 | | 21.78 | .026 | | 70.51 | | .56 |
| RADIOLOGY | 566 | 1,599 | | 60,437.65 | | 37.80 | .131 | | 106.78 | | 4.94 |
| PSYCHIATRY | 1 | 1,399 | | 25.96 | | 25.96 | .000 | | 25.96 | | .00 |
| IMMUNIZATION AND INJECTION | 44 | 567 | | 36,922.38 | | 65.12 | .046 | | 839.15 | | 3.02 |
| OTHER SERVICES/ALL X-OVERS | 1,775 | 5 , 683 | | 93,325.24 | | 16.42 | .465 | | 52.58 | | 7.63 |
| @PHARMACY | 9,609 | 95,293 | \$ | | \$ | 61.10 | | ċ | 605.94 | ċ | |
| • | • | | ş | 5,822,508.07 | Ą | | 7.794 | Ş | | Þ | |
| PRESCRIPTION DRUGS | 9,453 | 51,347 | | 5,589,131.42 | | 108.85 | 4.200 | | 591.25 | | 457.15 |
| SNF/ICF | 87 | 743 | | 48,348.60 | | 65.07 | .061 | | 555.73 | | 3.95 |
| OUTPATIENTS | 9,379 | 50,604 | | 5,540,782.82 | | 109.49 | 4.139 | | 590.76 | | 453.20 |
| MEDICAL SUPPLIES | 1,236 | 43,946 | | 233,376.65 | _ | 5.31 | 3.594 | _ | 188.82 | _ | 19.09 |
| @DENTIST | 502 | 2,260 | \$ | 109,320.37 | \$ | 48.37 | .185 | Ş | 217.77 | Ş | 8.94 |
| VISITS - DIAGNOSTIC | 313 | 1,195 | | 15,691.65 | | 13.13 | .098 | | 50.13 | | 1.28 |
| ORAL SURGERY | 83 | 304 | | 15,981.25 | | 52.57 | .025 | | 192.55 | | 1.31 |
| DRUGS | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| ANESTHESIA | 4 | 4 | | 500.00 | | 125.00 | .000 | | 125.00 | | .04 |
| PERIODONTICS | 30 | 30 | | 3,233.00 | | 107.77 | .002 | | 107.77 | | .26 |
| ENDODONTICS | 46 | 64 | | 15,360.00 | | 240.00 | .005 | | 333.91 | | 1.26 |
| RESTORATIVE DENTISTRY | 169 | 421 | | 28,351.25 | | 67.34 | .034 | | 167.76 | | 2.32 |
| PROSTHETICS | 5 | 5 | | 150.00 | | 30.00 | .000 | | 30.00 | | .01 |
| DENTURES, STAYPLATES | 74 | 233 | | 29,757.00 | | 127.71 | .019 | | 402.12 | | 2.43 |
| SPACE MAINTAINERS | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| MAXILLOFACIAL SERVICES | 1 | 1 | | .00 | | .00 | .000 | | .00 | | .00 |
| FRACTURES, DISLOCATIONS | 0 | 0 | | 296.22 | | .00 | .000 | | .00 | | .02 |
| ORTHODONTIC SERVICES | 1 | 1 | | .00 | | .00 | .000 | | .00 | | .00 |
| ALL OTHER SERVICES | 6 | 2 | | .00 | | .00 | .000 | | .00 | | .00 |
| #CALIF DEPT OF HEALTH SERV | MEDI-CAL SERVIO | CES AND EXPENDITUR | RES M | ONTH-OF-PAYMENT R | EPORT | FOR JAN 2 | 2004 THRU | DEC | | F | AGE 1,062 |
| MOP024 | FEE-FOR-SERVICE | E/DENTAL | | | | | | | | | 03/14/05 |
| BUTTE COUNTY | | /ICES FOR MN - NO | SOC | - DISABLED 64 | 6G 6H | 6U 6V 6X | 8G | | | | |
| | | | | | | | Mo | ONT | HLY AVERA | GE | |
| 12,226 ELIGIBLES | USERS | UNITS OF SERVICE | 3 | EXPENDITURES | AVE: | RAGE COST | UNITS/DAY | S (| COST PER | | COST PER |
| • | | OR DAYS OF CARE | 3 | | PER | UNIT/DAY | PER ELIG | | USER | | ELIGIBLE |
| @OPTOMETRIST | 368 | 963 | \$ | 18,532.85 | \$ | 19.24 | .079 | \$ | 50.36 | \$ | 1.52 |
| DIAGNOSTIC AND ANC. PROCED | 94 | 99 | | 4,288.62 | | 43.32 | .008 | | 45.62 | | .35 |
| EYE APPLIANCES | 291 | 793 | | 12,833.37 | | 16.18 | .065 | | 44.10 | | 1.05 |
| OTHER OPTOMETRIC SERVICES | 51 | 71 | | 1,410.86 | | 19.87 | .006 | | 27.66 | | .12 |
| @CHIROPRACTOR | 2 | 2 | \$ | 33.44 | \$ | 16.72 | .000 | Ś | 16.72 | Ś | .00 |
| VISITS | 1 | 1 | 7 | 16.72 | т. | 16.72 | .000 | 7 | 16.72 | 7 | .00 |
| OTHER SERVICES | 1 | 1 | | 16.72 | | 16.72 | .000 | | 16.72 | | .00 |
| @PODIATRIST | 101 | 282 | \$ | 2,818.05 | \$ | 9.99 | .023 | Ś | 27.90 | Ś | .23 |
| MEDICINE/INJECTIONS | 14 | 202 | 7 | 506.55 | Y | 25.33 | .002 | Y | 36.18 | 7 | .04 |
| SURGERY/ANES. | 0 | 0 | | .00 | | .00 | .002 | | .00 | | .00 |
| RADIO./PATHOLOGY | 2 | 2 | | 41.52 | | 20.76 | .000 | | 20.76 | | .00 |
| OTHER | 87 | 260 | | 2,269.98 | | 8.73 | .021 | | 26.09 | | .19 |
| @HOME HEALTH AGENCY | 86 | 13,425 | Ś | 409,603.97 | \$ | 30.51 | 1.098 | \$ | 4762.84 | Ċ | 33.50 |
| NUDGE ANEGRUEGICE | 1.4 | 13,423 | ې د | • | ې د | 30.31 | | | 4/02.04 | | 33.30 |

NURSE ANESTHESIST

HSC HOSPITALS

PEDIATRIC NURSE PRACTITIONER

FAMILY NURSE PRACTITIONER

HOSP INPATIENT TOTAL

NURSE MIDWIFE

@TOTAL HOSPITAL

14

0

0

1

2,546

261

14

196

0

1

966

132

13,510

1,291.95

2,543,271.74

2,176,175.86

164,366.00

.00 \$

.00 \$

57.20 \$

6.59

.00

.00

57.20

188.25

2252.77

1245.20

92.28 \$

57.20 \$

998.93 \$

8337.84

11740.43

.00 \$

.00 \$

.11

.00

.00

.00

208.02

178.00

13.44

.016 \$

.000 \$

.000 \$

.000 \$

1.105 \$

.079

.011

| NON-HSC HOSPITAL TOTAL | 134 | 834 | | 1,905,396.56 | 2284.65 | .068 | 14219.38 | 155.85 |
|-----------------------------|-------------------------|----------|-------|---------------------|----------------|-----------|--------------|------------|
| ACCOMMODATIONS | 134 | 834 | | 609,671.53 | 731.02 | .068 | 4549.79 | 49.87 |
| ADMINISTRATIVE DAYS | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| TRANSITIONAL IP CARE | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER ACCOM | 134 | 834 | | 609,671.53 | 731.02 | .068 | 4549.79 | 49.87 |
| ANCILLARIES | 134 | 0 | | 1,295,725.03 | .00 | .000 | 9669.59 | 105.98 |
| INPATIENT CROSSOVERS | 114 | 0 | | 106,413.30 | .00 | .000 | 933.45 | 8.70 |
| ALL OTHER INPATIENT | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| HOSP OUTPATIENT TOTAL | 2,438 | 12,544 | | 367,095.88 | 29.26 | 1.026 | 150.57 | 30.03 |
| MEDICAL | 448 | 873 | | 63,439.66 | 72.67 | .071 | 141.61 | 5.19 |
| SURGERY | 101 | 117 | | 6,103.12 | 52.16 | .010 | 60.43 | .50 |
| PATHOLOGY | 627 | 2,954 | | 35,247.12 | 11.93 | .242 | 56.22 | 2.88 |
| RADIOLOGY | 366 | 808 | | 69,461.06 | 85.97 | .066 | 189.78 | 5.68 |
| ROOM USE | 465 | 753 | | 32,390.93 | 43.02 | .062 | 69.66 | 2.65 |
| CROSSOVERS/ALL OTH OUTPINT | 1,650 | 7,039 | | 160,453.99 | 22.79 | .576 | 97.24 | 13.12 |
| @COUNTY HOSPITAL TOTAL | 2 | 6 | \$ | 116.53 | \$ 19.42 | .000 | \$ 58.27 | \$.01 |
| CO HOSPITAL INPATIENT TOTAL | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| HSC HOSPITALS | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| NON-HSC HOSPITALS TOTAL | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| ACCOMMODATIONS | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| ADMINISTRATIVE DAYS | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| TRANSITIONAL IP CARE | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER ACCOM | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| ANCILLARIES | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| INPATIENT CROSSOVERS | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER INPATIENT | 0 | 0 | | .00 | .00 | | | .00 |
| CO HOSP OUTPATIENT TOTAL | 2 | 6 | | 116.53 | 19.42 | .000 | 58.27 | .01 |
| MEDICAL | 1 | 1 | | 42.57 | 42.57 | .000 | 42.57 | .00 |
| SURGERY | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| PATHOLOGY | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| RADIOLOGY | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| ROOM USE | 1 | 1 | | 36.88 | 36.88 | .000 | 36.88 | .00 |
| CROSSOVERS/ALL OTH OUTPINT | 1 | 4 | | 37.08 | 9.27 | .000 | 37.08 | .00 |
| #CALIF DEPT OF HEALTH SERV | MEDI-CAL SERVICES AND H | EXPENDIT | URES | MONTH-OF-PAYMENT RE | EPORT FOR JAN | 2004 THRU | DEC 2004 | PAGE 1,063 |
| MOP024 | FEE-FOR-SERVICE/DENTAL | | | | | | | 03/14/05 |
| BUTTE COUNTY | SUMMARY OF SERVICES FOR | R MN - 1 | NO SO | DC - DISABLED 64 6 | 6G 6H 6U 6V 62 | X 8G | | |
| | | | | | | M | ONTHLY AVERA | GE |

| | | | | | MON | THLY AVERA | GE |
|----------------------------|-------|------------------|--------------|--------------|------------|------------|-----------|
| 12,226 ELIGIBLES | USERS | UNITS OF SERVICE | EXPENDITURES | AVERAGE COST | UNITS/DAYS | COST PER | COST PER |
| | | OR DAYS OF CARE | | PER UNIT/DAY | PER ELIG | USER | ELIGIBLE |
| @COMMUNITY HOSPITAL TOTAL | 2,545 | 13,504 \$ | 2,543,155.21 | \$ 188.33 | 1.105 \$ | 999.28 | \$ 208.01 |
| COMM HOSP INPATIENT TOTAL | 261 | 966 | 2,176,175.86 | 2252.77 | .079 | 8337.84 | 178.00 |
| HSC HOSPITALS | 14 | 132 | 164,366.00 | 1245.20 | .011 | 11740.43 | 13.44 |
| NON-HSC HOSPITALS TOTAL | 134 | 834 | 1,905,396.56 | 2284.65 | .068 | 14219.38 | 155.85 |
| ACCOMMODATIONS | 134 | 834 | 609,671.53 | 731.02 | .068 | 4549.79 | 49.87 |
| ADMINISTRATIVE DAYS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| TRANSITIONAL IP CARE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER ACCOM | 134 | 834 | 609,671.53 | 731.02 | .068 | 4549.79 | 49.87 |
| ANCILLARIES | 134 | 0 | 1,295,725.03 | .00 | .000 | 9669.59 | 105.98 |
| INPATIENT CROSSOVERS | 114 | 0 | 106,413.30 | .00 | .000 | 933.45 | 8.70 |
| ALL OTHER INPATIENT | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| COMM HOSP OUTPATIENT TOTAL | 2,437 | 12,538 | 366,979.35 | 29.27 | 1.026 | 150.59 | 30.02 |
| MEDICAL | 447 | 872 | 63,397.09 | 72.70 | .071 | 141.83 | 5.19 |
| SURGERY | 101 | 117 | 6,103.12 | 52.16 | .010 | 60.43 | .50 |
| PATHOLOGY | 627 | 2,954 | 35,247.12 | 11.93 | .242 | 56.22 | 2.88 |
| RADIOLOGY | 366 | 808 | 69,461.06 | 85.97 | .066 | 189.78 | 5.68 |
| ROOM USE | 464 | 752 | 32,354.05 | 43.02 | .062 | 69.73 | 2.65 |
| | | | | | | | |

| CROSSOVERS/ALL OTH OUTPINT | • | 7 , 035 | | 160,416.91 | | 22.80 | .575 | | 97.22 | | 13.12 |
|--|-------------------|-------------------|-------|-------------------|-------|------------|-----------|------|---------|------------|-----------|
| @STATE HOSPITAL | 0 | 0 | \$ | .00 | \$ | .00 | .000 | \$ | .00 | \$ | .00 |
| MENTALLY ILL | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| DEVELOP. DISABLED | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| @NURSING FACILITY | 87 | 1,913 | \$ | 282,766.86 | \$ | 147.81 | .156 | \$ | 3250.19 | \$ | 23.13 |
| LEV A-INTERMEDIATE | 4 | 163 | | 12,729.58 | | 78.10 | .013 | | 3182.40 | | 1.04 |
| LEV B-REHAB MD | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| LEV B-SUBACUTE FREESTANDING | | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| LEV B-SUBACUTE HSPTL BASED | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| LEV B-TRANSITIONAL IP CARE | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| LEV B-REGULAR | 83 | 1,750 | | 270,037.28 | | 154.31 | .143 | | 3253.46 | | 22.09 |
| @INTERMEDIATE CARE FACILDD | 0 | 0 | \$ | .00 | \$ | .00 | .000 | \$ | .00 | \$ | .00 |
| ICF DDH | 0 | 0 | | .00 | · | .00 | .000 | | .00 | | .00 |
| ICF DD | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| ICF DDN/DDCN | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| @HEMODIALYSIS TOTAL | 137 | 708 | Ś | 114,727.05 | \$ | 162.04 | .058 | Ś | 837.42 | Ś | 9.38 |
| HOSPITAL BASED | 10 / | 0 | 7 | .00 | т. | .00 | .000 | 7 | .00 | т. | .00 |
| HEMODIALYSIS CENTER | 137 | 708 | | 114,727.05 | | 162.04 | .058 | | 837.42 | | 9.38 |
| GREHARTITTATION FACTITTY | 51 | 723 | Ś | 14,355.66 | \$ | | .059 | Ś | | Ś | 1.17 |
| HOSPITAL BASED HEMODIALYSIS CENTER @REHABILITATION FACILITY HOSPITAL BASED INDEPENDENT FACILITY @LABORATORY FACILITY PATHOLOGY XO AND OTHERS | 35 | 275 | ۲ | 7,390.47 | Υ | 26.87 | .022 | ۲ | 211.16 | 7 | .60 |
| INDEPENDENT FACILITY | 16 | 448 | | 6,965.19 | | 15.55 | .037 | | 435.32 | | .57 |
| ALABORATORY FACILITY | 297 | 1,435 | Ś | 24,455.70 | \$ | 17.04 | .117 | ¢ | 82.34 | Ġ | 2.00 |
| DATUOLOCY | 200 | 1,417 | Ÿ | 24,349.80 | Y | 17.18 | .116 | Y | 84.55 | Ÿ | 1.99 |
| XO AND OTHERS | 9 | 18 | | 105.90 | | 5.88 | .001 | | 11.77 | | .01 |
| @ORGANIZED OUTPATIENT CLINIC | | 5 , 667 | Ś | 464,539.63 | \$ | 81.97 | .464 | ċ | 161.75 | ċ | 38.00 |
| CLINIC CLINIC | 102 | 169 | ې | 18,492.08 | ۲ | 109.42 | .014 | ۲ | 181.29 | ۲ | 1.51 |
| SURGICENTER | 17 | 104 | | 3,759.25 | | 36.15 | .014 | | 221.13 | | .31 |
| | 0 | 0 | | • | | | | | | | .00 |
| HEROIN DETOX CLINIC | | | | .00 | | .00 | .000 | | .00 | | |
| RURAL HEALTH CLINIC | 2,793 | 5,394 | -a | 442,288.30 | | 82.00 | .441 | 550 | 158.36 | - | 36.18 |
| #CALIF DEPT OF HEALTH SERV | | ES AND EXPENDITUR | ES MC | NTH-OF-PAYMENT R | EPORT | FOR JAN | 2004 THRU | DEC | 2004 | PF | AGE 1,064 |
| MOP024 | FEE-FOR-SERVICE | , | ~~~ | | | | 0.~ | | | | 03/14/05 |
| BUTTE COUNTY | SUMMARY OF SERV | ICES FOR MN - NC | SOC | - DISABLED 64 | 6G 6E | 1 6U 6V 6X | | 0.TT | | ~ = | |
| 10 006 BLIGIBLES | Hanna | INTER OF SERVICE | | | 7.7.7 | D70E 000E | M | | | | |
| 12,226 ELIGIBLES | USERS | UNITS OF SERVICE | | EXPENDITURES | | | UNITS/DAY | | | | COST PER |
| 0.1.1. 0.00000 DD0000000000 | 1,887 | OR DAYS OF CARE | | 500 051 17 | | | PER ELIG | | USER | | LIGIBLE |
| @ALL OTHER PROVIDERS | 1,88/ | 81,917 | \$ | 500,251.17 | \$ | 6.11 | 6.700 | Ş | 265.10 | Ş | 40.92 |
| DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS | 178 | 502 | | 56,492.37 | | 112.53 | .041 | | 317.37 | | 4.62 |
| BLOOD BANK | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| HEARING AID DISPENSERS | 23 | 59 | | 4,671.35 | | 79.18 | .005 | | 203.10 | | .38 |
| MEDICAL TRANSPORTATION | 318 139 176 | 20,359 | | 91,126.69 | | 4.48 | 1.665 | | 286.56 | | 7.45 |
| AMBULANCES/AIR TRANS | 139 | 1,087 | | 21,038.66 | | 19.35 | .089 | | 151.36 | | 1.72 |
| OTHER TRANS | 1/0 | 19,193 | | 67,064.98 | | 3.49 | 1.570 | | 381.05 | | 5.49 |
| OTHER SERVICES | 12 | 79 | | 3 , 023.05 | | 38.27 | .006 | | 251.92 | | .25 |
| ACUPUNCTURE | 28 | 49 | | 859.64 | | 17.54 | .004 | | 30.70 | | .07 |
| ADULT DAY HEALTH CARE CTR | 40 | 747 | | 52,028.46 | | 69.65 | .061 | | 1300.71 | | 4.26 |
| GENETIC DISEASE TESTING | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| IHMC, MODEL-NF, NF, AIDS, MSSP OCCUPATIONAL THERAPIST OPTICIAN | 153 | 4,516 | | 166,599.20 | | 36.89 | .369 | | 1088.88 | | 13.63 |
| OCCUPATIONAL THERAPIST | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| OPTICIAN | 321 | 724 | | 7,952.44 | | 10.98 | .059 | | 24.77 | | .65 |
| DUVCTCAT TUEDADICT | 6 | 10 | | 603 06 | | 1 / / / | 004 | | 115 51 | | 0.6 |

693.06

4,471.62

3,267.44

1,204.18

7,640.94

75.96

2.18

14.44

.31 91.26

81.69

75.96

85.85

133.80

115.51

235.35

204.22

401.39

75.96

318.37

.55

.004

.001

.004

.003

.001

.000

.007

.06

.00

.37

.27

.10

.01

.62

PHYSICAL THERAPIST

PROSTHETIST/ORTHOTISTS

SPEECH AND AUDIOLOGY

PORTABLE X-RAY

PROSTHETICS ORTHOTICS

PSYCHOLOGIST

6

4

19

16

3

1

24

7

49

40

9

1

89

| HOSPICE SERVICES | 19 | 345 | | 40,203.31 | 116.53 | .028 | 2115.96 | 3.29 |
|------------------------------------|----------------|-----------------|------------|------------|--------------|-------|---------------|-------------|
| NONINST BIRTHING CENTERS | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| LOCAL EDUCATION AGENCIES | 34 | 422 | | 2,688.89 | 6.37 | .035 | 79.09 | .22 |
| EPSDT SUPPLEMENTAL SERVICE | 5 | 405 | | 11,785.56 | 29.10 | .033 | 2357.11 | .96 |
| RESPIRATORY CARE PRACT. | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| PED SUBACUTE REHAB/WEANING | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER PROVIDERS | 891 | 53 , 595 | | 52,959.50 | .99 | 4.384 | 59.44 | 4.33 |
| @CALIF. CHILDREN SERVICES* | 66 | 1,117 | \$ | 131,014.25 | \$ 117.29 | .091 | \$ 1985.06 | \$ 10.72 |
| @XOVER EXCLUDING STATE HOSP** | 3 , 152 | 34,231 | \$ | 484,486.76 | \$ 14.15 | 2.800 | \$ 153.71 | \$ 39.63 |
| 0* TOTALS IN THESE LINES ARE GIVEN | AS A SEPARATE | TNFORMATION | TTEM ONLY: | | | | | |

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 1,065 MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05 BUTTE COUNTY SUMMARY OF SERVICES FOR MN-NOSOC-FAM 34 39 3N 3T 3V 54 59 5J 5W-5Y 6J 7J 7K

| | | | | | MON | ITHLY AVERA | GE |
|----------------|---|--|--------------------------|--|--|---|--|
| USERS | UNITS OF SERVICE | Ε | EXPENDITURES | AVERAGE COST | UNITS/DAYS | COST PER | COST PER |
| | OR DAYS OF CAR | E | | PER UNIT/DAY | PER ELIG | USER | ELIGIBLE |
| 101,373 | 526 , 959 | \$ | 34,115,606.66 | \$ 64.74 | 2.573 | 336.54 | \$ 166.56 |
| 21,309 | 56 , 691 | \$ | 2,796,618.84 | \$ 49.33 | .277 | 31.24 | \$ 13.65 |
| 10,218 | 12,744 | | 565,998.71 | 44.41 | .062 | 55.39 | 2.76 |
| 7 , 396 | 8 , 919 | | 319,078.12 | 35.78 | .044 | 43.14 | 1.56 |
| 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| 2,135 | 2 , 389 | | 135,498.91 | 56.72 | .012 | 63.47 | .66 |
| 18 | 20 | | 828.10 | 41.41 | .000 | 46.01 | .00 |
| 681 | 1,110 | | 101,106.11 | 91.09 | .005 | 148.47 | .49 |
| 268 | 306 | | 9,487.47 | 31.00 | .001 | 35.40 | .05 |
| 1,488 | 5,288 | | 304,367.32 | 57.56 | .026 | 204.55 | 1.49 |
| 1,429 | 4,502 | | 190,847.82 | 42.39 | .022 | 133.55 | .93 |
| 140 | 761 | | 112,487.40 | 147.82 | .004 | 803.48 | .55 |
| 8 | 25 | | 1,032.10 | 41.28 | .000 | 129.01 | .01 |
| 664 | 745 | | 31,006.74 | 41.62 | .004 | 46.70 | .15 |
| | 101,373 21,309 10,218 7,396 0 2,135 18 681 268 1,488 1,429 140 | OR DAYS OF CAR 101,373 526,959 21,309 56,691 10,218 12,744 7,396 8,919 0 0 2,135 2,389 18 20 681 1,110 268 306 1,488 5,288 1,429 4,502 140 761 8 25 | OR DAYS OF CARE 101,373 | OR DAYS OF CARE 101,373 526,959 \$ 34,115,606.66 21,309 56,691 \$ 2,796,618.84 10,218 12,744 565,998.71 7,396 8,919 0 0 0 2,135 2,389 135,498.91 18 20 828.10 681 1,110 268 306 9,487.47 1,488 5,288 304,367.32 1,429 4,502 190,847.82 140 761 112,487.40 8 25 1,032.10 | OR DAYS OF CARE 101,373 526,959 \$ 34,115,606.66 \$ 64.74 21,309 56,691 \$ 2,796,618.84 \$ 49.33 10,218 12,744 565,998.71 44.41 7,396 8,919 0 0 0 0 0 0 0 2,135 2,389 135,498.91 56.72 18 20 828.10 41.41 681 1,110 101,106.11 91.09 268 306 9,487.47 31.00 1,488 5,288 304,367.32 57.56 1,429 4,502 190,847.82 42.39 140 761 112,487.40 147.82 8 25 1,032.10 41.28 | USERS UNITS OF SERVICE OR DAYS OF CARE 101,373 | OR DAYS OF CARE 101,373 526,959 \$ 34,115,606.66 \$ 64.74 2.573 \$ 336.54 21,309 56,691 \$ 2,796,618.84 \$ 49.33 277 \$ 131.24 10,218 12,744 565,998.71 44.41 062 55.39 7,396 8,919 319,078.12 35.78 044 43.14 0 0 0 0.00 2,135 2,389 135,498.91 56.72 012 63.47 18 20 828.10 41.41 000 46.01 681 1,110 101,106.11 91.09 005 148.47 268 306 9,487.47 31.00 001 35.40 1,488 5,288 304,367.32 57.56 026 204.55 1,429 4,502 190,847.82 42.39 022 133.55 140 761 112,487.40 147.82 004 803.48 |

| EXAMINATIONS | 663 | 744 | | 30,986.74 | | 41.65 | .004 | | 46.74 | | .15 |
|----------------------------|--------------------|------------------|-------|---------------------|-------|-----------------|------------|------|-----------|------|-----------|
| SERVICES AND MATERIALS | 1 | 1 | | 20.00 | | 20.00 | .000 | | 20.00 | | .00 |
| INPATIENT HOSPITAL SURGERY | 1,355 | 7,079 | | 811,688.68 | | 114.66 | | | 599.03 | | 3.96 |
| PRINCIPAL SURGEON | 965 | 1,345 | | 682,550.95 | | 507.47 | .007 | | 707.31 | | 3.33 |
| ASSISTANT SURGEON | 178 | 179 | | 31,260.35 | | 174.64 | .001 | | 175.62 | | .15 |
| ANESTHESIOLOGIST | 433 | 5,555 | | 97,877.38 | | 17.62 | | | 226.04 | | .48 |
| | | | | 382,098.51 | | 63.62 | | | 198.70 | | 1.87 |
| PRINCIPAL SURGEON | 1,587 | 2,104 | | 310,625.50 | | 147.64 | | | 195.73 | | 1.52 |
| ASSISTANT SURGEON | | 29 | | 2,714.91 | | 93.62 | | | 93.62 | | .01 |
| | 29 429 | 3,873 | | 68,758.10 | | 17.75 | | | 160.28 | | .34 |
| ANESTHESIOLOGIST DIALYSIS | 15 | 22 | | 3,141.04 | | 142.77 | | | 209.40 | | .02 |
| PATHOLOGY | 1,215 | 2,069 | | 55,657.15 | | 26.90 | | | 45.81 | | .27 |
| RADIOLOGY | 8,495 | 13,345 | | 405,437.89 | | 30.38 | .065 | | 47.73 | | |
| PSYCHIATRY | 4 | . 6 | | 220.90 | | 36.82 | | | 55.23 | | .00 |
| IMMUNIZATION AND INJECTION | 307 | 1,217 | | 41,758.91 | | 34.31 | | | 136.02 | | .20 |
| OTHER SERVICES/ALL X-OVERS | 0 776 | 8,170 | | 195,242.99 | | 23 90 | 040 | | 70.33 | | .95 |
| @PHARMACY | 51,918 | 8,170 160,665 | \$ | 8,347,379.81 | \$ | 51.96 | .784 | \$ | 160.78 | \$ | 40.75 |
| PRESCRIPTION DRUGS | 51,444 | 135,952 | | 8,170,220.14 | | 60.10 | .664 | | 158.82 | | 39.89 |
| SNF/ICF | 45 | 331 | | 57,960.18 | | 175.11 | .002 | | 1288.00 | | .28 |
| OUTPATIENTS | 51,409 | 135,621 | | | | 59.82 | .662 | | 157.80 | | 39.61 |
| MEDICAL SUPPLIES | | | | 177,159.67 | | 7.17 | | | 96.44 | | .86 |
| @DENTIST | 7,648 | 38,047 | \$ | 1,325,587.33 | \$ | 34.84 | .186 | \$ | 173.32 | \$ | 6.47 |
| VISITS - DIAGNOSTIC | 5,522 | 24,379 | | 366,827.27 | | 15.05 | .119 | | 66.43 | | 1.79 |
| ORAL SURGERY | 1,092 | 2,479 | | 151,853.74 | | 61.26 | .012 | | 139.06 | | .74 |
| DRUGS | 188 | 211 | | 4,950.00 | | 23.46 | .001 | | 26.33 | | .02 |
| ANESTHESIA | 53 | 54 | | 4,785.00 | | 88.61 | .000 | | 90.28 | | .02 |
| PERIODONTICS | 236 | 245 | | 26,387.00 | | 107.70 | | | 111.81 | | .13 |
| ENDODONTICS | | 1,129 | | 205,191.05 | | 181.75 | .006 | | 297.81 | | 1.00 |
| RESTORATIVE DENTISTRY | 2,663 | 8,043 | | 435,071.14 | | 54.09 | .039 | | 163.38 | | 2.12 |
| PROSTHETICS | 26 | 27 | | 818.50 | | 30.31 | | | 31.48 | | .00 |
| DENTURES, STAYPLATES | 148 | 528 | | 50,358.14 | | 95.38 100.85 | .003 | | 340.26 | | .25 |
| SPACE MAINTAINERS | 49 | 60 44 | | 6,050.90 | | 100.85 | .000 | | 123.49 | | .03 |
| MAXILLOFACIAL SERVICES | 14 | | | 16,775.84 | | 381.27 | .000 | | 1198.27 | | .08 |
| FRACTURES, DISLOCATIONS | 2 | 3 | | 2,280.00 | | 760.00 | .000 | | 1140.00 | | .01 |
| ORTHODONTIC SERVICES | 540 | 658 | | 50,742.50 | | 77.12 | .003 | | 93.97 | | .25 |
| ALL OTHER SERVICES | 155 | 187 | | 3,496.25 | | 18.70 | .001 | | 22.56 | | .02 |
| #CALIF DEPT OF HEALTH SERV | MEDI-CAL SERVICES | AND EXPENDITU | RES M | MONTH-OF-PAYMENT RE | EPORT | FOR JAN | 2004 THRU | DEC | 2004 | PA | AGE 1,066 |
| MOP024 | FEE-FOR-SERVICE/DE | NTAL | | | | | | | | | 03/14/05 |
| BUTTE COUNTY | SUMMARY OF SERVICE | S FOR MN-NOS | OC-FA | AM 34 39 3N 3T 3V 5 | 54 59 | 5J 5W-5 | Y 6J 7J 7K | | | | |
| | | | | | | |] | TNON | HLY AVERA | GE - | |

| | | | | | | M | | IHLI AVERA | GĽ | |
|----------------------------|-------|------------------|---------------------------|-----|------------|-----------|----|------------|----|----------|
| 204,822 ELIGIBLES | USERS | UNITS OF SERVICE | EXPENDITURES | AVI | ERAGE COST | UNITS/DAY | S | COST PER | | COST PER |
| | | OR DAYS OF CARE | | PE | R UNIT/DAY | PER ELIG | | USER | | ELIGIBLE |
| @OPTOMETRIST | 2,874 | 7 , 591 | \$ 169 , 794.47 | \$ | 22.37 | .037 | \$ | 59.08 | \$ | .83 |
| DIAGNOSTIC AND ANC. PROCED | 1,985 | 2,086 | 87 , 976.76 | | 42.17 | .010 | | 44.32 | | .43 |
| EYE APPLIANCES | 1,953 | 5,409 | 80,053.67 | | 14.80 | .026 | | 40.99 | | .39 |
| OTHER OPTOMETRIC SERVICES | 86 | 96 | 1,764.04 | | 18.38 | .000 | | 20.51 | | .01 |
| @CHIROPRACTOR | 315 | 515 | \$ 8,518.84 | \$ | 16.54 | .003 | \$ | 27.04 | \$ | .04 |
| VISITS | 315 | 515 | 8,518.84 | | 16.54 | .003 | | 27.04 | | .04 |
| OTHER SERVICES | 0 | 0 | .00 | | .00 | .000 | | .00 | | .00 |
| @PODIATRIST | 105 | 190 | \$ 4,625.00 | \$ | 24.34 | .001 | \$ | 44.05 | \$ | .02 |
| MEDICINE/INJECTIONS | 81 | 111 | 3,253.55 | | 29.31 | .001 | | 40.17 | | .02 |
| SURGERY/ANES. | 8 | 13 | 778.75 | | 59.90 | .000 | | 97.34 | | .00 |
| RADIO./PATHOLOGY | 18 | 21 | 382.33 | | 18.21 | .000 | | 21.24 | | .00 |
| OTHER | 15 | 45 | 210.37 | | 4.67 | .000 | | 14.02 | | .00 |
| @HOME HEALTH AGENCY | 372 | 2,047 | \$ 88,280.45 | \$ | 43.13 | .010 | \$ | 237.31 | \$ | .43 |
| NURSE ANESTHESIST | 263 | 3,149 | \$ 33,613.30 | \$ | 10.67 | .015 | \$ | 127.81 | \$ | .16 |

| NURSE MIDWIFE | 1,211 | 7,197 \$ | 236,494.75 | \$ 32.86 | .035 \$ | 195.29 | Ś | 1.15 |
|--|-----------------|--------------------------------------|----------------------|-------------------|----------------|-----------|-----|----------|
| PEDIATRIC NURSE PRACTITIONER | • | 2 \$ | 58.30 | | .000 \$ | 29.15 | | .00 |
| FAMILY NURSE PRACTITIONER | 132 | | 4,907.09 | \$ 16.36 | .001 \$ | 37.17 | | .02 |
| @TOTAL HOSPITAL | 28,689 | 300 \$ 114,653 \$ | 13,777,517.93 | \$ 120.17 | .560 \$ | 480.24 | | 67.27 |
| HOSP INPATIENT TOTAL | 1,612 | 6,856 | 10,377,485.84 | 1513.64 | .033 | 6437.65 | | 50.67 |
| HSC HOSPITALS | 179 | 1,371 | 1,960,533.20 | 1430.00 | | 10952.70 | | 9.57 |
| NON-HSC HOSPITAL TOTAL | 1,425 | 5,485 | 8,397,730.60 | 1531.04 | .027 | 5893.14 | | 41.00 |
| ACCOMMODATIONS | 1,420 | 5,485 | 2,763,516.16 | 503.83 | | 1946.14 | | 13.49 |
| ADMINISTRATIVE DAYS | 1 | 3 | 693.90 | 231.30 | .000 | 693.90 | | .00 |
| TRANSITIONAL IP CARE | 0 | 0 | .00 | .00 | .000 | .00 | | .00 |
| ALL OTHER ACCOM | 0 1,419 | 5 - 482 | 2,762,822.26 | 503.98 | .027 | 1947.02 | | 13.49 |
| ANCILLARIES | 1,425 | 0 | 5,634,214.44 | .00 | .000 | 3953.83 | | 27.51 |
| ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT | 23 | 3 0 5,482 0 0 | 19,222.04 | .00 | .000 | 835.74 | | .09 |
| ALL OTHER INPATIENT | 0 | 0 | .00 | .00 | .000 | .00 | | .00 |
| HOSP OUTPATIENT TOTAL | 27,982 | 107 , 797 | 3,400,032.09 | 31.54 | .526 | 121.51 | | 16.60 |
| MEDICAL | | 23,241 | 1,036,696.64 | 44.61 | .113 | 65.74 | | 5.06 |
| SURGERY | 15,769 | 2,218 | 120,681.17 | 54.41 | .011 | 65.52 | | .59 |
| PATHOLOGY | 9,628 | 33,815 | 448,652.05 | 13.27 | .165 | 46.60 | | 2.19 |
| RADIOLOGY | 6 , 365 | 8,739 | 586,206.61 | 67.08 | .043 | 92.10 | | 2.86 |
| ROOM USE | 18,037 | 24,386 | 925,125.05 | 37.94 | .119 | 51.29 | | 4.52 |
| CROSSOVERS/ALL OTH OUTPTNT | | 15,398 | 282,670.57 | 18.36 | | 37.81 | | 1.38 |
| @COUNTY HOSPITAL TOTAL | . 21 | 101 6 | 23,445.46 | \$ 232.13 | .000 \$ | | Ġ | .11 |
| CO HOSPITAL INPATIENT TOTAL | 6 | 16 | 20,316.03 | 1269.75 | .000 | 3386.01 | ٧ | .10 |
| HSC HOSPITALS | 6 | 16 | 20,316.03 | 1269.75 | .000 | 3386.01 | | .10 |
| NON-HSC HOSPITALS TOTAL | 0 | 0 | .00 | .00 | .000 | .00 | | .00 |
| ACCOMMODATIONS | 0 | 0 | .00 | .00 | .000 | .00 | | .00 |
| ADMINISTRATIVE DAYS | 0 | 0 | .00 | .00 | .000 | .00 | | .00 |
| TRANSITIONAL IP CARE | 0 | 101 \$ 16 16 0 0 0 0 0 0 0 0 0 85 14 | .00 | .00 | .000 | .00 | | .00 |
| ALL OTHER ACCOM | 0 | 0 | .00 | .00 | .000 | .00 | | .00 |
| ANCILLARIES | 0 | 0 | .00 | .00 | .000 | .00 | | .00 |
| INPATIENT CROSSOVERS | 0 | 0 | .00 | .00 | .000 | .00 | | .00 |
| ALL OTHER INPATIENT | 0 | 0 | .00 | .00 | .000 | .00 | | .00 |
| CO HOSP OUTPATIENT TOTAL | 27 | 85 | 3,129.43 | 36.82 | .000 | 115.90 | | .02 |
| MEDICAL | 0 27 10 | 1 / | 727.34 | 51.95 | | 72.73 | | .00 |
| SURGERY | 2 | 2 | 76.08 | 38.04 | .000 | 38.04 | | .00 |
| PATHOLOGY | 6 | 2 19 | 179.44 | 9.44 | | 29.91 | | .00 |
| RADIOLOGY | 6 | 8 | 847.84 | 105.98 | .000 | 141.31 | | .00 |
| ROOM USE | 22 | 26 | 1,019.33 | 39.21 | .000 | 46.33 | | .00 |
| CROSSOVERS/ALL OTH OUTPTNT | | 16 | 279.40 | 17.46 | .000 | 31.04 | | .00 |
| #CALIF DEPT OF HEALTH SERV | | CES AND EXPENDITURES | | | | | PAC | E 1,067 |
| MOP024 | FEE-FOR-SERVICE | | MONIII OF TATMENT IN | CETOICE FOR OAN 2 | 2004 IIIKO DEC | 2004 | | 03/14/05 |
| BUTTE COUNTY | | ICES FOR MN-NOSOC-F | 775 TF 775 AC AC MA' | 54 59 5.T 5W-5V | 6.T 7.T 7K | | | 03/14/03 |
| BOTTE COONTI | DOMMANT OF BEIN | TEES FOR PIN NOSOE F | AN 34 39 3N 31 3V | 34 33 30 3W 31 | MONT | HTY AVERA | GE | |
| 204,822 ELIGIBLES | USERS | UNITS OF SERVICE | EXPENDITURES | AVERAGE COST | UNITS/DAYS | | | ST PER |
| 201,022 111011110 | ОВЫКО | OR DAYS OF CARE | EMILINDITORED | PER UNIT/DAY | | USER | | IGIBLE |
| @COMMUNITY HOSPITAL TOTAL | 28,667 | 114,552 \$ | 13,754,072.47 | \$ 120.07 | .559 \$ | 479.79 | | 67.15 |
| COMM HOSP INPATIENT TOTAL | 1,606 | 6,840 | 10,357,169.81 | 1514.21 | .033 | 6449.05 | Y | 50.57 |
| HSC HOSPITALS | 173 | 1,355 | 1,940,217.17 | 1431.89 | | 11215.13 | | 9.47 |
| NON-HSC HOSPITALS TOTAL | 1,425 | 5,485 | 8,397,730.60 | 1531.04 | .027 | 5893.14 | | 41.00 |
| ACCOMMODATIONS | 1,420 | 5,485 | 2,763,516.16 | 503.83 | .027 | 1946.14 | | 13.49 |
| ACCOMMODATIONS ADMINISTRATIVE DAYS | 1,420 | 3,403 | 693.90 | 231.30 | .000 | 693.90 | | .00 |
| TRANSITIONAL IP CARE | 0 | 0 | .00 | .00 | .000 | .00 | | .00 |
| ALL OTHER ACCOM | 1,419 | 5 , 482 | 2,762,822.26 | 503.98 | .027 | 1947.02 | | 13.49 |
| ANCILLARIES | 1,425 | 0 | 5,634,214.44 | .00 | .000 | 3953.83 | | 27.51 |
| TMDATTENT CDOSSOVEDS | 1,423 | 0 | 19 222 04 | .00 | 000 | 935.03 | | 00 |

0

0

19,222.04

.00

.00

.00

.000

.000

835.74

.00

.09

.00

23

0

INPATIENT CROSSOVERS

ALL OTHER INPATIENT

| COMM HOSP OUTPATIENT TOTAL | 27,963 | 107,712 | | 3,396,902.66 | | 31.54 | .526 | | 121.48 | | 16.58 |
|--|---------------------|-----------------|-------|---------------------|-------|------------|----------|-----|---------|----|-----------|
| MEDICAL | | 23,227 | | | | 44.60 | .113 | | 65.73 | | 5.06 |
| SURGERY | 1,840 | 2,216 | | 120,605.09 | | 54.42 | .011 | | 65.55 | | .59 |
| PATHOLOGY | 9,623 | 33 , 796 | | 448,472.61 | | 13.27 | .165 | | 46.60 | | 2.19 |
| RADIOLOGY | 6,360 | 8,731 | | 585 , 358.77 | | 67.04 | .043 | | 92.04 | | 2.86 |
| ROOM USE | 18,021 | 24,360 | | 924,105.72 | | 37.94 | .119 | | 51.28 | | 4.51 |
| CROSSOVERS/ALL OTH OUTPTNT | 7,470 | 15 , 382 | | 282,391.17 | | 18.36 | .075 | | 37.80 | | 1.38 |
| @STATE HOSPITAL | 0 0 0 18 | 0 | \$ | .00 | \$ | .00 | .000 | \$ | .00 | \$ | .00 |
| MENTALLY ILL | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| DEVELOP. DISABLED | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| @NURSING FACILITY | 18 | 538 | \$ | 85,143.22 | \$ | 158.26 | | \$ | 4730.18 | \$ | .42 |
| LEV A-INTERMEDIATE | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| LEV B-REHAB MD | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| LEV B-SUBACUTE FREESTANDING | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| LEV B-SUBACUTE HSPTL BASED | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| LEV B-TRANSITIONAL IP CARE | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| LEV B-REGULAR | 18 | 538 | | 85,143.22 | | 158.26 | .003 | | 4730.18 | | .42 |
| @INTERMEDIATE CARE FACILDD | 0 | 0 | \$ | .00 | \$ | .00 | .000 | \$ | .00 | \$ | .00 |
| ICF DDH | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| ICF DD | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| ICF DDN/DDCN | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| ICF DD ICF DDN/DDCN @HEMODIALYSIS TOTAL HOSPITAL BASED HEMODIALYSIS CENTER @REHABILITATION FACILITY HOSPITAL BASED INDEPENDENT FACILITY @LABORATORY FACILITY PATHOLOGY | 29 | 861 | \$ | 41,609.85 | \$ | 48.33 | .004 | \$ | 1434.82 | \$ | .20 |
| HOSPITAL BASED | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| HEMODIALYSIS CENTER | 29 | 861 | | 41,609.85 | | 48.33 | .004 | | 1434.82 | | .20 |
| @REHABILITATION FACILITY | 290 | 2,317 | \$ | 53,681.85 | \$ | 23.17 | .011 | \$ | 185.11 | \$ | .26 |
| HOSPITAL BASED | 270 | 1,923 | | 47,777.14 | | 24.85 | .009 | | 176.95 | | .23 |
| INDEPENDENT FACILITY | 20 | 394 | | 5,904.71 | | 14.99 | .002 | | 295.24 | | .03 |
| @LABORATORY FACILITY | 5,612 | 16,088 | \$ | 274,266.01 | \$ | 17.05 | .079 | \$ | 48.87 | \$ | 1.34 |
| PATHOLOGY | 5,612 | 16,086 | | 274,243.21 | | 17.05 | .079 | | 48.87 | | 1.34 |
| XO AND OTHERS | 2 | 2 | | 22.80 | | 11.40 | .000 | | 11.40 | | .00 |
| @ORGANIZED OUTPATIENT CLINIC | 33,211 | 55,561 | \$ | 6,134,508.14 | \$ | 110.41 | .271 | \$ | 184.71 | \$ | 29.95 |
| CLINIC | 1,893 | 6,346 | | 277,721.04 | | 43.76 | .031 | | 146.71 | | 1.36 |
| SURGICENTER | 97 | 597 | | 21,189.55 | | 35.49 | .003 | | 218.45 | | .10 |
| HEROIN DETOX CLINIC | 8 | 152 | | 1,758.48 | | 11.57 | .001 | | 219.81 | | .01 |
| RURAL HEALTH CLINIC | 31,567 | 48,466 | | 5,833,839.07 | | 120.37 | .237 | | 184.81 | | 28.48 |
| #CALIF DEPT OF HEALTH SERV | MEDI-CAL SERVICES A | , | RES M | | EPOR' | | | DEC | | PI | AGE 1,068 |
| MOP024 | FEE-FOR-SERVICE/DEN | | | | | | | | | | 03/14/05 |
| BUTTE COUNTY | SUMMARY OF SERVICES | | OC-FA | M 34 39 3N 3T 3V 5 | 54 59 | 9 5J 5W-5Y | 6J 7J 7K | | | | ., , |
| | | | | | | | | | | | |

----- MONTHLY AVERAGE -----204,822 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE 10,886 @ALL OTHER PROVIDERS 60,547 733,001.48 12.11 .296 \$ 67.33 \$ 3.58 DURABLE MED. EQUIP. 374 1,169 56,960.56 48.73 .006 152.30 .28 5 BLOOD BANK 3,969 11,907.00 3.00 .019 2381.40 .06 HEARING AID DISPENSERS 24 52 3,826.77 73.59 .000 159.45 .02 MEDICAL TRANSPORTATION 1,143 14,693 298,934.94 20.35 .072 261.54 1.46 1,116 14,154 14.37 182.23 .99 AMBULANCES/AIR TRANS 203,363.82 .069 24 OTHER TRANS 487 3,396.12 6.97 141.51 .02 .002 OTHER SERVICES 51 52 92,175.00 1772.60 1807.35 .45 .000 73 31.30 ACUPUNCTURE 44 1,377.11 18.86 .000 .01 0 ADULT DAY HEALTH CARE CTR 0 .00 .00 .00 .00 .000 .13 GENETIC DISEASE TESTING 248 249 26,145.00 105.00 .001 105.42 553.98 161 17,173.44 106.67 .001 .08 IHMC, MODEL-NF, NF, AIDS, MSSP .00 OCCUPATIONAL THERAPIST 0 0 .00 .00 .000 .00 2,088 OPTICIAN 4,559 40,630.93 8.91 .022 19.46 .20 PHYSICAL THERAPIST 120 1,183 17,522.99 14.81 .006 146.02 .09

| 1 | 1 | | .61 | | .61 | .000 | | .61 | | .00 |
|-------|--|--|---|--|--------|---|--|---|---|--|
| 103 | 169 | | 16,985.11 | | 100.50 | .001 | | 164.90 | | .08 |
| 100 | 165 | | 16,769.53 | | 101.63 | .001 | | 167.70 | | .08 |
| 3 | 4 | | 215.58 | | 53.90 | .000 | | 71.86 | | .00 |
| 8 | 30 | | 1,523.30 | | 50.78 | .000 | | 190.41 | | .01 |
| 377 | 1,099 | | 51,950.40 | | 47.27 | .005 | | 137.80 | | .25 |
| 3 | 28 | | 3,388.28 | | 121.01 | .000 | | 1129.43 | | .02 |
| 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| 6,149 | 18,216 | | 168,379.98 | | 9.24 | .089 | | 27.38 | | .82 |
| 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| 326 | 14,896 | | 16,295.06 | | 1.09 | .073 | | 49.98 | | .08 |
| 585 | 21,882 | \$ | 1,827,324.66 | \$ | 83.51 | .107 | \$ | 3123.63 | \$ | 8.92 |
| 528 | 3,213 | \$ | 64,493.34 | \$ | 20.07 | .016 | \$ | 122.15 | \$ | .31 |
| | 100 3 8 377 3 0 6,149 0 0 0 326 585 | 100 165 3 4 8 30 377 1,099 3 28 0 0 6,149 18,216 0 0 0 0 0 0 326 14,896 585 21,882 | 100 165 3 4 8 30 377 1,099 3 28 0 0 6,149 18,216 0 0 0 0 0 0 326 14,896 585 21,882 \$ | 103 169 16,985.11 100 165 16,769.53 3 4 215.58 8 30 1,523.30 377 1,099 51,950.40 3 28 3,388.28 0 0 .00 6,149 18,216 168,379.98 0 0 .00 0 0 .00 0 0 .00 0 0 .00 326 14,896 16,295.06 585 21,882 \$ 1,827,324.66 | 103 | 103 169 16,985.11 100.50 100 165 16,769.53 101.63 3 4 215.58 53.90 8 30 1,523.30 50.78 377 1,099 51,950.40 47.27 3 28 3,388.28 121.01 0 0 .00 .00 6,149 18,216 168,379.98 9.24 0 0 .00 .00 0 0 .00 .00 0 0 .00 .00 0 0 .00 .00 0 0 .00 .00 0 0 .00 .00 0 0 .00 .00 0 0 .00 .00 0 0 .00 .00 0 0 .00 .00 0 0 .00 .00 326 14,896 16,295.06 1.09 585 21,882 1,827,324.66 \$ 83.51 < | 103 169 16,985.11 100.50 .001 100 165 16,769.53 101.63 .001 3 4 215.58 53.90 .000 8 30 1,523.30 50.78 .000 377 1,099 51,950.40 47.27 .005 3 28 3,388.28 121.01 .000 0 0 .00 .00 .00 6,149 18,216 168,379.98 9.24 .089 0 0 .00 .00 .00 0 0 .00 .00 .00 0 0 .00 .00 .00 0 0 .00 .00 .00 0 0 .00 .00 .00 0 0 .00 .00 .00 0 0 .00 .00 .00 0 0 .00 .00 .00 0 0 .00 .00 .00 0 .00 .00 .00< | 103 169 16,985.11 100.50 .001 100 165 16,769.53 101.63 .001 3 4 215.58 53.90 .000 8 30 1,523.30 50.78 .000 377 1,099 51,950.40 47.27 .005 3 28 3,388.28 121.01 .000 0 0 .00 .00 .000 6,149 18,216 168,379.98 9.24 .089 0 0 .00 .00 .000 0 0 .00 .00 .000 0 0 .00 .00 .000 0 0 .00 .00 .000 0 0 .00 .00 .000 0 0 .00 .00 .000 0 0 .00 .00 .000 0 0 .00 .00 .000 0 0 .00 .00 .000 0 0 .00 | 103 169 16,985.11 100.50 .001 164.90 100 165 16,769.53 101.63 .001 167.70 3 4 215.58 53.90 .000 71.86 8 30 1,523.30 50.78 .000 190.41 377 1,099 51,950.40 47.27 .005 137.80 3 28 3,388.28 121.01 .000 1129.43 0 0 .00 .00 .00 .00 6,149 18,216 168,379.98 9.24 .089 27.38 0 0 .00 .00 .00 .00 0 0 .00 .00 .00 .00 0 0 .00 .00 .00 .00 0 0 .00 .00 .00 .00 0 0 .00 .00 .00 .00 0 0 .00 .00 .00 .00 0 0 .00 .00 .00 .00 | 103 169 16,985.11 100.50 .001 164.90 100 165 16,769.53 101.63 .001 167.70 3 4 215.58 53.90 .000 71.86 8 30 1,523.30 50.78 .000 190.41 377 1,099 51,950.40 47.27 .005 137.80 3 28 3,388.28 121.01 .000 1129.43 0 0 .00 .00 .000 .00 6,149 18,216 168,379.98 9.24 .089 27.38 0 0 .00 .00 .00 .00 0 0 .00 .00 .00 .00 0 0 .00 .00 .00 .00 0 0 .00 .00 .00 .00 0 0 .00 .00 .00 .00 0 0 .00 .00 .00 .00 0 0 .00 .00 .00 .00 |

^{0*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 1,069
MOP024 FEE-FOR-SERVICE/DENTAL
BUTTE COUNTY SUMMARY OF SERVICES FOR MN - NO SOC - TOTAL

| BUILE COUNTY | SUMMARI OF SER | VICES FOR MN - NO | SUC | - 101AL | | MON | | CE |
|----------------------------|--------------------|-------------------|-----|---------------------|----------------|----------|----------|----------|
| 221 000 BLIGIBLES | HORDO | INITES OF SERVICE | | | ATTERNACE COOR | MON | | |
| 231,998 ELIGIBLES | USERS | UNITS OF SERVICE | | EXPENDITURES | AVERAGE COST | | COST PER | COST PER |
| | 106 000 | OR DAYS OF CARE | Ċ | F1 404 4F6 44 | PER UNIT/DAY | PER ELIG | USER | ELIGIBLE |
| @TOTAL, ALL PROVIDERS | 126,992 | • | \$ | 51,424,456.44 | \$ 53.91 | 4.111 \$ | | |
| @PHYSICIANS SERVICES | 26,484 | 75,864 | \$ | 3,369,042.63 | \$ 44.41 | .327 \$ | | • |
| OUTPATIENT VISITS | 10,936 | 13,790 | | 603,142.05 | 43.74 | .059 | 55.15 | 2.60 |
| OFFICE VISITS | 8,021 | 9,818 | | 347,203.20 | 35.36 | .042 | 43.29 | 1.50 |
| HOME VISITS | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| EMERGENCY ROOM | 2,219 | 2,494 | | 143,123.80 | 57.39 | .011 | 64.50 | .62 |
| PREVENTIVE CARE | 18 | 20 | | 828.10 | 41.41 | .000 | 46.01 | .00 |
| OB VISITS/COMPRE PERI | 681 | 1,110 | | 101,106.11 | 91.09 | .005 | 148.47 | .44 |
| OTHER OUTPATIENT | 304 | 348 | | 10,880.84 | 31.27 | .002 | 35.79 | .05 |
| INPATIENT VISITS | 1,771 | 6,894 | | 378 , 461.99 | 54.90 | .030 | 213.70 | 1.63 |
| HOSPITAL VISITS | 1,696 | 6,004 | | 251,056.25 | 41.81 | .026 | 148.03 | 1.08 |
| CRITICAL CARE | 162 | 846 | | 125,819.40 | 148.72 | .004 | 776.66 | .54 |
| SNF/ICF/TRANS IP CARE | 24 | 44 | | 1,586.34 | 36.05 | .000 | 66.10 | .01 |
| OPHTHALMOLOGICAL SERVICES | 748 | 850 | | 35,319.81 | 41.55 | .004 | 47.22 | .15 |
| EXAMINATIONS | 747 | 849 | | 35,299.81 | 41.58 | .004 | 47.26 | .15 |
| SERVICES AND MATERIALS | 1 | 1 | | 20.00 | 20.00 | .000 | 20.00 | .00 |
| INPATIENT HOSPITAL SURGERY | 1,503 | 8,274 | | 902,592.79 | 109.09 | .036 | 600.53 | 3.89 |
| PRINCIPAL SURGEON | 1,091 | 1,793 | | 759,015.80 | 423.32 | .008 | 695.71 | 3.27 |
| ASSISTANT SURGEON | 194 | 197 | | 35,428.41 | 179.84 | .001 | 182.62 | .15 |
| ANESTHESIOLOGIST | 466 | 6,284 | | 108,148.58 | 17.21 | .027 | 232.08 | .47 |
| OUTPATIENT SURGERY | 2,097 | 6,518 | | 429,130.92 | 65.84 | .028 | 204.64 | 1.85 |
| PRINCIPAL SURGEON | 1,737 | 2,311 | | 352,772.29 | 152.65 | .010 | 203.09 | 1.52 |
| ASSISTANT SURGEON | 31 | 31 | | 3,012.75 | 97.19 | .000 | 97.19 | .01 |
| ANESTHESIOLOGIST | 458 | 4,176 | | 73,345.88 | 17.56 | .018 | 160.14 | .32 |
| DIALYSIS | 28 | 59 | | 6,508.00 | 110.31 | .000 | 232.43 | .03 |
| PATHOLOGY | 1,329 | 2,454 | | 63,398.57 | 25.83 | .011 | 47.70 | .27 |
| RADIOLOGY | 9,171 | 15,189 | | 475,366.17 | 31.30 | .065 | 51.83 | 2.05 |
| PSYCHIATRY | 5 | 7 | | 246.86 | 35.27 | .000 | 49.37 | .00 |
| IMMUNIZATION AND INJECTION | 359 | 2,073 | | 90,779.05 | 43.79 | .009 | 252.87 | .39 |
| OTHER SERVICES/ALL X-OVERS | 6 , 719 | 19 , 756 | | 384,096.42 | 19.44 | .085 | 57.17 | 1.66 |
| @PHARMACY | 72,585 | | \$ | • | | 1.587 \$ | | |
| PRESCRIPTION DRUGS | 71,777 | 238,303 | Y | 17,344,741.06 | 72.78 | 1.027 | 241.65 | 74.76 |
| IVESCUTLITON DUORS | / ± , / / / | 230,303 | | 11,344,141.00 | 12.10 | 1.02/ | 241.00 | /4./0 |

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

| SNF/ICF | 456 | 3 , 551 | 231,324.85 | 65.14 | .015 | 507.29 | 1.00 |
|----------------------------|------------------|---------------------|--------------------|-----------------|--------------|------------|------------|
| OUTPATIENTS | 71 , 371 | 234 , 752 | 17,113,416.21 | 72.90 | 1.012 | 239.78 | 73.77 |
| MEDICAL SUPPLIES | 4,268 | 129,910 | 519,254.13 | 4.00 | .560 | 121.66 | 2.24 |
| @DENTIST | 8 , 539 | 41,810 \$ | 1,504,297.85 | \$ 35.98 | .180 | 176.17 | \$ 6.48 |
| VISITS - DIAGNOSTIC | 6,078 | 26,521 | 394,169.42 | 14.86 | .114 | 64.85 | 1.70 |
| ORAL SURGERY | 1,229 | 2,910 | 175,018.99 | 60.14 | .013 | 142.41 | .75 |
| DRUGS | 188 | 211 | 4,950.00 | 23.46 | .001 | 26.33 | .02 |
| ANESTHESIA | 58 | 59 | 5,285.00 | 89.58 | .000 | 91.12 | .02 |
| PERIODONTICS | 284 | 293 | 31,303.00 | 106.84 | .001 | 110.22 | .13 |
| ENDODONTICS | 749 | 1,209 | 224,032.05 | 185.30 | .005 | 299.11 | .97 |
| RESTORATIVE DENTISTRY | 2,908 | 8,616 | 475,750.04 | 55.22 | .037 | 163.60 | 2.05 |
| PROSTHETICS | 35 | 36 | 1,073.50 | 29.82 | .000 | 30.67 | .00 |
| DENTURES, STAYPLATES | 313 | 990 | 113,074.14 | 114.22 | .004 | 361.26 | .49 |
| SPACE MAINTAINERS | 49 | 60 | 6,050.90 | 100.85 | .000 | 123.49 | .03 |
| MAXILLOFACIAL SERVICES | 15 | 45 | 16,775.84 | 372.80 | .000 | 1118.39 | .07 |
| FRACTURES, DISLOCATIONS | 2 | 3 | 2,576.22 | 858.74 | .000 | 1288.11 | .01 |
| ORTHODONTIC SERVICES | 541 | 659 | 50,742.50 | 77.00 | .003 | 93.79 | .22 |
| ALL OTHER SERVICES | 172 | 198 | 3,496.25 | 17.66 | .001 | 20.33 | .02 |
| #CALIF DEPT OF HEALTH SERV | MEDI-CAL SERVICE | ES AND EXPENDITURES | MONTH-OF-PAYMENT R | EPORT FOR JAN 2 | 2004 THRU DE | EC 2004 | PAGE 1,070 |
| MOP024 | FEE-FOR-SERVICE/ | DENTAL | | | | | 03/14/05 |
| BUTTE COUNTY | SUMMARY OF SERVI | ICES FOR MN - NO SO | C - TOTAL | | | | |
| | | | | | MON | THLY AVERA | GE |
| 231,998 ELIGIBLES | USERS | UNITS OF SERVICE | EXPENDITURES | AVERAGE COST | UNITS/DAYS | COST PER | COST PER |
| • | | OR DAYS OF CARE | | PER UNIT/DAY | PER ELIG | USER | ELIGIBLE |
| @OPTOMETRIST | 3,545 | 9,323 \$ | 202,580.69 | \$ 21.73 | .040 | 57.15 | \$.87 |
| DIAGNOSTIC AND ANC. PROCED | 2,117 | 2,224 | 93,958.12 | 42.25 | .010 | 44.38 | .40 |
| | _' | _' | | | | | 1.2 |

103,536.31

5,086.26

8,728.47

8,535.56

192.91

12,379.18 \$

15.14

19.41

16.44

16.54

12.86

12.15

.029

.001

.002

.000

.002 \$

.004 \$

41.83

25.18

27.01

17.54

26.69 \$

24.56 \$

.45

.02

.04

.04

.00

.05

6,837

262

531

516

15

1,019

\$

EYE APPLIANCES

OTHER SERVICES

@CHIROPRACTOR

VISITS

@PODIATRIST

OTHER OPTOMETRIC SERVICES

2,475

202

327

316

11

504

| MEDICINE/INJECTIONS | 96 | 132 | | 3,817.30 | 28.92 | .001 | 39.76 | | .02 |
|------------------------------|-----------------|----------------------|-------|---------------------|--------------|---------------|----------|------------|----------|
| | 8 | 13 | | | | | | | |
| SURGERY/ANES. | | | | 778.75 | 59.90 | .000 | 97.34 | | .00 |
| RADIO./PATHOLOGY | 20 | 23 | | 423.85 | 18.43 | .000 | 21.19 | | .00 |
| OTHER | 399 | 851 | | 7,359.28 | 8.65 | .004 | 18.44 | | .03 |
| @HOME HEALTH AGENCY | 466 | 15,517 \$ | | 501,061.18 | | .067 | 1075.24 | | 2.16 |
| NURSE ANESTHESIST | 281 | 3,380 \$ | | 35,388.70 | \$ 10.47 | .015 | 125.94 | \$ | .15 |
| NURSE MIDWIFE | 1,211 | 7,197 \$ | | 236,494.75 | \$ 32.86 | .031 | | \$ | 1.02 |
| PEDIATRIC NURSE PRACTITIONER | | 2 \$ | | | \$ 29.15 | .000 | | \$ | .00 |
| FAMILY NURSE PRACTITIONER | 133 | 301 \$ | | | \$ 16.49 | .001 | | | .02 |
| @TOTAL HOSPITAL | 33,280 | 135,724 \$ | | 17,134,583.49 | \$ 126.25 | 505 | 514.86 | | 73.86 |
| | | | | 12 210 051 51 | 1 (1) 1 [| .303 4 | | ې | |
| HOSP INPATIENT TOTAL | 2,160 | 8,040 | | 13,210,951.51 | 1643.15 | .035 | 6116.18 | | 56.94 |
| HSC HOSPITALS | 200 | 1,548 | | 2,171,440.55 | 1402.74 | .007 | 10857.20 | | 9.36 |
| NON-HSC HOSPITAL TOTAL | 1,584 | 6,492 | | | 1648.46 | .028 | 6756.20 | | 46.13 |
| ACCOMMODATIONS | 1,579 | 6 , 492 | | 3,500,133.02 | 539.15 | .028 | 2216.68 | | 15.09 |
| ADMINISTRATIVE DAYS | 1 | 3 | | 693.90 | 231.30 | .000 | 693.90 | | .00 |
| TRANSITIONAL IP CARE | 0 | 0 | | .00 | .00 | .000 | .00 | | .00 |
| ALL OTHER ACCOM | 1,578 | 6,489 | | 3,499,439.12 | 539.29 | .028 | 2217.64 | | 15.08 |
| ANCILLARIES | 1,584 | . 0 | | 7,201,689.72 | .00 | .000 | 4546.52 | | 31.04 |
| INPATIENT CROSSOVERS | 393 | 0 | | 337,688.22 | .00 | .000 | 859.26 | | 1.46 |
| ALL OTHER INPATIENT | 0 | 0 | | .00 | .00 | .000 | .00 | | .00 |
| HOSP OUTPATIENT TOTAL | 32,333 | 127,684 | | 3,923,631.98 | 30.73 | .550 | 121.35 | | 16.91 |
| MEDICAL | 16,280 | 24,248 | | 1,108,197.40 | 45.70 | .105 | 68.07 | | 4.78 |
| | | | | | | | | | |
| SURGERY | 1,957 | 2,349 | | 127,399.82 | 54.24 | .010 | 65.10 | | .55 |
| PATHOLOGY | 10,409 | 37,242 | | 489,806.52 | 13.15 | .161 | 47.06 | | 2.11 |
| RADIOLOGY | 6 , 787 | 9,631 | | 665,478.24 | 69.10 | .042 | 98.05 | | 2.87 |
| ROOM USE | 18 , 551 | 25 , 204 | | 960 , 427.56 | 38.11 | .109 | 51.77 | | 4.14 |
| CROSSOVERS/ALL OTH OUTPINT | 10 , 871 | 29 , 010 | | 572,322.44 | 19.73 | .125 | 52.65 | | 2.47 |
| @COUNTY HOSPITAL TOTAL | 38 | 123 \$ | | 24,677.89 | \$ 200.63 | .001 | 649.42 | \$ | .11 |
| CO HOSPITAL INPATIENT TOTAL | 7 | 16 | | 21,156.03 | 1322.25 | .000 | 3022.29 | | .09 |
| HSC HOSPITALS | 6 | 16 | | 20,316.03 | 1269.75 | .000 | 3386.01 | | .09 |
| NON-HSC HOSPITALS TOTAL | 0 | 0 | | .00 | .00 | .000 | .00 | | .00 |
| ACCOMMODATIONS | 0 | 0 | | .00 | .00 | .000 | .00 | | .00 |
| | 0 | 0 | | .00 | .00 | .000 | .00 | | |
| ADMINISTRATIVE DAYS | 0 | 0 | | .00 | | | .00 | | .00 |
| TRANSITIONAL IP CARE | 0 | 0 | | | .00 | .000 | | | .00 |
| ALL OTHER ACCOM | - | | | .00 | .00 | .000 | .00 | | .00 |
| ANCILLARIES | 0 | 0 | | .00 | .00 | .000 | .00 | | .00 |
| INPATIENT CROSSOVERS | 1 | 0 | | 840.00 | .00 | .000 | 840.00 | | .00 |
| ALL OTHER INPATIENT | 0 | 0 | | .00 | .00 | .000 | .00 | | .00 |
| CO HOSP OUTPATIENT TOTAL | 33 | 107 | | 3,521.86 | 32.91 | .000 | 106.72 | | .02 |
| MEDICAL | 11 | 15 | | 769.91 | 51.33 | .000 | 69.99 | | .00 |
| SURGERY | 2 | 2 | | 76.08 | 38.04 | .000 | 38.04 | | .00 |
| PATHOLOGY | 8 | 31 | | 247.49 | 7.98 | .000 | 30.94 | | .00 |
| RADIOLOGY | 8 | 12 | | 1,055.69 | 87.97 | .000 | 131.96 | | .00 |
| ROOM USE | 23 | 27 | | 1,056.21 | 39.12 | .000 | 45.92 | | .00 |
| CROSSOVERS/ALL OTH OUTPTNT | | 20 | | 316.48 | 15.82 | .000 | 28.77 | | .00 |
| | | CES AND EXPENDITURES | MON | | | | | DAC | E 1,071 |
| MOP024 | FEE-FOR-SERVICE | | 14014 | III OF FAIMENT NE | HORT FOR OAN | 2004 IIIKO DI | JC 2004 | | 03/14/05 |
| | | | 00 | moma r | | | | | 03/14/03 |
| BUTTE COUNTY | SUMMARY OF SERV | VICES FOR MN - NO SC | 00 - | TOTAL | | | | ~ = | |
| 001 000 51 5055 50 | | | | | | MON | | | |
| 231,998 ELIGIBLES | USERS | UNITS OF SERVICE | | EXPENDITURES | AVERAGE COST | | | | ST PER |
| | | OR DAYS OF CARE | | | PER UNIT/DAY | | USER | | JIGIBLE |
| @COMMUNITY HOSPITAL TOTAL | 33 , 253 | 135,601 \$ | | 17,109,905.60 | \$ 126.18 | | 514.54 | Ş | 73.75 |
| COMM HOSP INPATIENT TOTAL | 2,153 | 8,024 | | 13,189,795.48 | 1643.79 | .035 | 6126.24 | | 56.85 |
| HSC HOSPITALS | 194 | 1,532 | | 2,151,124.52 | 1404.13 | .007 | 11088.27 | | 9.27 |
| NON-HSC HOSPITALS TOTAL | 1,584 | 6,492 | | 10,701,822.74 | 1648.46 | .028 | 6756.20 | | 46.13 |
| ACCOMMODATIONS | 1,579 | 6,492 | | 3,500,133.02 | 539.15 | .028 | 2216.68 | | 15.09 |
| | • | • | | | | | | | |

| ADMINISTRATIVE DAYS | 1 0 1,578 1,584 | 3 | | 693.90 | | 231.30 | .000 | | 693.90 | | .00 |
|--|---------------------------------------|---|----------|----------------------------|----------|----------------|-----------|----------|---------|----------|-----------|
| TRANSITIONAL IP CARE | 1 550 | 0 6,489 | | .00 | | .00 | .000 | | .00 | | .00 |
| ALL OTHER ACCOM | 1,578 | 6,489 | | 3,499,439.12 | | 539.29 | .028 | | 2217.64 | | 15.08 |
| ANCILLARIES | 1,584 | U | | 7,201,689.72 | | .00 | .000 | | 4546.52 | | 31.04 |
| INIAITENI CROSSOVERS | 332 | 0 | | 336,848.22 | | .00 | .000 | | 859.31 | | 1.45 |
| ALL OTHER INPATIENT | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| COMM HOSP OUTPATIENT TOTAL | | 127,577 | | 3,920,110.12 | | 30.73 | .550 | | 121.33 | | 16.90 |
| MEDICAL | 16,270 | 24,233 | | 1,107,427.49 | | 45.70 | .104 | | 68.07 | | 4.77 |
| SURGERY | 1,955 | 2,347 | | 127,323.74 | | 54.25 | .010 | | 65.13 | | .55 |
| PATHOLOGY | 10,402 | 37,211 | | 489,559.03 | | 13.16 69.07 | .160 | | 47.06 | | 2.11 |
| RADIOLOGY | 6 , 780 | 9,619 | | 664,422.55 | | 69.07 | .041 | | 98.00 | | 2.86 |
| ROOM USE | 18,534 | 25,177 | | 959,371.35 | | 38.11 | .109 | | 51.76 | | 4.14 |
| CROSSOVERS/ALL OTH OUTPTNT | 10,864 | 28,990 | | 572,005.96 | | 19.73 | .125 | | 52.65 | | 2.47 |
| CROSSOVERS/ALL OTH OUTPTNT @STATE HOSPITAL MENTALLY ILL DEVELOP. DISABLED @NURSING FACILITY LEV A-INTERMEDIATE LEV B-REHAB MD | 0 | 0 | \$ | .00 | \$ | .00 | .000 | \$ | .00 | \$ | .00 |
| MENTALLY ILL | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| DEVELOP. DISABLED | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| @NURSING FACILITY | 508 | 0 10 , 272 | \$ | 1,564,991.51 | Ś | 152.36 | .044 | Ś | 3080.69 | Ś | 6.75 |
| LEV A-INTERMEDIATE | 4 | 163 | | 12,729.58 | | 78.10 | .001 | | 3182.40 | · | .05 |
| LEV B-REHAB MD | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| LEV B-SUBACUTE FREESTANDING | ÷ 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| LEV B-SUBACUTE HSPTL BASED | ; 0 0 0 0 504 0 | 163 0 0 0 0 0 10,109 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| LEV B-TRANSITIONAL IP CARE | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| LEV B-REGULAR | 504 | 10 109 | | 1,552,261.93 | | 153.55 | .044 | | 3079.88 | | 6.69 |
| @INTERMEDIATE CARE FACILDD | 0 | 10,109 | \$ | .00 | \$ | .00 | .000 | Ċ | .00 | Ċ | .00 |
| • | 0 | 0 | Y | .00 | Ÿ | .00 | .000 | Y | .00 | Y | .00 |
| ICF DDH ICF DD ICF DDN/DDCN @HEMODIALYSIS TOTAL HOSPITAL BASED HEMODIALYSIS CENTER @REHABILITATION FACILITY HOSPITAL BASED INDEPENDENT FACILITY @LABORATORY FACILITY | 0 | | | .00 | | .00 | .000 | | .00 | | .00 |
| ICE DDM/DDCM | 0 | 0 0 1,645 | | | | .00 | .000 | | .00 | | .00 |
| ALEMODIAL VOIC MOMAI | 310 | 1 (45 | Ċ | .00 189,790.07 | Ċ | 115.37 | .007 | | | Ċ | .82 |
| GUEMODIALISIS IOIAL | 219 | 1,645 | ې | .00 | Ą | .00 | .000 | Ą | .00 | Ş | .00 |
| HEMODIAL VOIC GENEED | 210 | | | | | | | | | | .82 |
| HEMODIALISIS CENTER | 219 | 1,645 | ć | 189,790.07 | Ċ | 115.37 | .007 | | 866.62 | ċ | |
| GREHABILITATION FACILITY | 344 | 3,057 | \$ | 68,429.12 | Þ | 22.38 | | Þ | 198.92 | Ş | .29 |
| HOSPITAL BASED | 308 | 2,215 | | 55,559.22 | | 25.08 | .010 | | 180.39 | | .24 |
| INDEPENDENT FACILITY | 36 | 842 | <u>^</u> | 12,869.90 | <u> </u> | 15.28 | .004 | <u>^</u> | 357.50 | <u> </u> | .06 |
| @LABORATORY FACILITY | 5,988 | 17,748 | \$ | 302,557.47 | | 17.05 | .077 | Ş | | \$ | 1.30 |
| 171111011001 | \cup \downarrow \cup \uparrow | 17,715 | | 302,274.77 | | 17.06 | .076 | | 50.62 | | 1.30 |
| XO AND OTHERS | 19 | 33 | _ | 282.70 | _ | 8.57 | .000 | _ | 14.88 | _ | .00 |
| @ORGANIZED OUTPATIENT CLINIC | | 64,002 | \$ | 6,775,106.08 302,533.19 | Ş | 105.86 | .276 | Ş | | | |
| CLINIC | 2,051 | 6,596 | | | | 45.87 | .028 | | 147.51 | | 1.30 |
| SURGICENTER | 131 | 731 | | 28,636.76 | | 39.17 | | | 218.60 | | .12 |
| HEROIN DETOX CLINIC | 8 | 152 | | 1,758.48 | | 11.57 | .001 | | 219.81 | | .01 |
| RURAL HEALTH CLINIC | 35 , 827 | 56 , 523 | | 6,442,177.65 | | 113.97 | .244 | | 179.81 | | 27.77 |
| #CALIF DEPT OF HEALTH SERV | | | JRES M | MONTH-OF-PAYMENT R | EPOR1 | r for Jan | 2004 THRU | DEC | 2004 | P? | AGE 1,072 |
| MOP024 | FEE-FOR-SERVICE | | | | | | | | | | 03/14/05 |
| BUTTE COUNTY | SUMMARY OF SERV | /ICES FOR MN - N | 10 SOC | C - TOTAL | | | | | | | |
| 004 000 | | | | | | | M | | | | |
| 231,998 ELIGIBLES | USERS | UNITS OF SERVIC | | EXPENDITURES | | | UNITS/DAY | | | | COST PER |
| | | OR DAYS OF CAR | | | | | PER ELIG | | USER | | ELIGIBLE |
| @ALL OTHER PROVIDERS | 15 , 273 | 198,239 | \$ | 1,650,007.47 | \$ | 8.32 | .854 | \$ | 108.03 | \$ | 7.11 |
| DURABLE MED. EQUIP. | 630 | 1,902 | | 137,946.81 | | 72.53 | .008 | | 218.96 | | .59 |
| BLOOD BANK | 5 | 3 , 969 | | 11,907.00 | | 3.00 | .017 | | 2381.40 | | .05 |
| HEARING AID DISPENSERS | 270 | 528 | | 47,196.36 | | 89.39 | .002 | | 174.80 | | .20 |
| MEDICAL TRANSPORTATION | 1,864 | 48 , 557 | | 458,888.39 | | 9.45 | .209 | | 246.18 | | 1.98 |
| AMBULANCES/AIR TRANS | 1,309 | 15 , 467 | | 230,380.76 | | 14.89 | .067 | | 176.00 | | .99 |
| OTHER TRANS | 547 | 32,761 | | 132,388.19 | | 4.04 | .141 | | 242.03 | | .57 |
| OTHER SERVICES | 90 | 329 | | 96,119.44 | | 292.16 | .001 | | 1067.99 | | .41 |
| ACUPUNCTURE | 84 | 140 | | 2,550.33 | | 18.22 | .001 | | 30.36 | | .01 |
| | | | | | | | | | | | |

| ADULT DAY HEALTH CARE CTR | 133 | 1,878 | 130,803.48 | 69.65 | .008 | 983.48 | .56 |
|--------------------------------|-------|----------------|--------------------|-------------|------|------------|------------|
| GENETIC DISEASE TESTING | 248 | 249 | 26,145.00 | 105.00 | .001 | 105.42 | .11 |
| IHMC, MODEL-NF, NF, AIDS, MSSP | 411 | 6 , 956 | 309,598.64 | 44.51 | .030 | 753.28 | 1.33 |
| OCCUPATIONAL THERAPIST | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OPTICIAN | 2,716 | 5 , 983 | 56,723.35 | 9.48 | .026 | 20.88 | .24 |
| PHYSICAL THERAPIST | 126 | 1,231 | 18,216.05 | 14.80 | .005 | 144.57 | .08 |
| PORTABLE X-RAY | 16 | 21 | 9.89 | .47 | .000 | .62 | .00 |
| PROSTHETIST/ORTHOTISTS | 129 | 243 | 23,069.96 | 94.94 | .001 | 178.84 | .10 |
| PROSTHETICS | 123 | 230 | 21,650.20 | 94.13 | .001 | 176.02 | .09 |
| ORTHOTICS | 6 | 13 | 1,419.76 | 109.21 | .000 | 236.63 | .01 |
| PSYCHOLOGIST | 9 | 31 | 1,599.26 | 51.59 | .000 | 177.70 | .01 |
| SPEECH AND AUDIOLOGY | 420 | 1,224 | 64,179.81 | 52.43 | .005 | 152.81 | .28 |
| HOSPICE SERVICES | 30 | 545 | 55,207.80 | 101.30 | .002 | 1840.26 | .24 |
| NONINST BIRTHING CENTERS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| LOCAL EDUCATION AGENCIES | 6,184 | 18,640 | 171,108.71 | 9.18 | .080 | 27.67 | .74 |
| EPSDT SUPPLEMENTAL SERVICE | 5 | 405 | 11,785.56 | 29.10 | .002 | 2357.11 | .05 |
| RESPIRATORY CARE PRACT. | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PED SUBACUTE REHAB/WEANING | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER PROVIDERS | 2,609 | 105,737 | 123,071.07 | 1.16 | .456 | 47.17 | .53 |
| @CALIF. CHILDREN SERVICES* | 654 | 23,001 | \$ 1,959,441.62 | \$ 85.19 | .099 | \$ 2996.09 | \$ 8.45 |
| @XOVER EXCLUDING STATE HOSP** | 8,325 | 64,850 | \$ 1,352,272.09 | \$ 20.85 | .280 | \$ 162.44 | \$ 5.83 |
| | | | | | | | |

^{0*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 1,073
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
BUTTE COUNTY SUMMARY OF SERVICES FOR MN - SOC - AGED AID CODE 17 1Y

| | | | | | | | MON | THLY AVERA | GE | |
|----------------------------|-------|------------------|----|-------------|-----|-----------|------------|------------|----|----------|
| 422 ELIGIBLES | USERS | UNITS OF SERVICE | E: | XPENDITURES | AVE | RAGE COST | UNITS/DAYS | COST PER | | COST PER |
| | | OR DAYS OF CARE | | | PER | UNIT/DAY | PER ELIG | USER | | ELIGIBLE |
| @TOTAL, ALL PROVIDERS | 586 | 13,633 \$ | | 606,944.01 | \$ | 44.52 | 32.306 \$ | 1035.74 | \$ | 1438.26 |
| @PHYSICIANS SERVICES | 117 | 720 \$ | | 11,733.11 | \$ | 16.30 | 1.706 \$ | 100.28 | \$ | 27.80 |
| OUTPATIENT VISITS | 5 | 7 | | 281.58 | | 40.23 | .017 | 56.32 | | .67 |
| OFFICE VISITS | 4 | 6 | | 267.10 | | 44.52 | .014 | 66.78 | | .63 |
| HOME VISITS | 0 | 0 | | .00 | | .00 | .000 | .00 | | .00 |
| EMERGENCY ROOM | 0 | 0 | | .00 | | .00 | .000 | .00 | | .00 |
| PREVENTIVE CARE | 0 | 0 | | .00 | | .00 | .000 | .00 | | .00 |
| OB VISITS/COMPRE PERI | 0 | 0 | | .00 | | .00 | .000 | .00 | | .00 |
| OTHER OUTPATIENT | 1 | 1 | | 14.48 | | 14.48 | .002 | 14.48 | | .03 |
| INPATIENT VISITS | 3 | 17 | | 645.73 | | 37.98 | .040 | 215.24 | | 1.53 |
| HOSPITAL VISITS | 3 | 17 | | 645.73 | | 37.98 | .040 | 215.24 | | 1.53 |
| CRITICAL CARE | 0 | 0 | | .00 | | .00 | .000 | .00 | | .00 |
| SNF/ICF/TRANS IP CARE | 0 | 0 | | .00 | | .00 | .000 | .00 | | .00 |
| OPHTHALMOLOGICAL SERVICES | 4 | 6 | | 225.03 | | 37.51 | .014 | 56.26 | | .53 |
| EXAMINATIONS | 4 | 6 | | 225.03 | | 37.51 | .014 | 56.26 | | .53 |
| SERVICES AND MATERIALS | 0 | 0 | | .00 | | .00 | .000 | .00 | | .00 |
| INPATIENT HOSPITAL SURGERY | 0 | 1CR | | 611.32C | R | 611.32 | .002CR | .00 | | 1.45CR |
| PRINCIPAL SURGEON | 0 | 1CR | | 611.32C | R | 611.32 | .002CR | .00 | | 1.45CR |
| ASSISTANT SURGEON | 0 | 0 | | .00 | | .00 | .000 | .00 | | .00 |
| ANESTHESIOLOGIST | 0 | 0 | | .00 | | .00 | .000 | .00 | | .00 |
| OUTPATIENT SURGERY | 5 | 23 | | 3,002.38 | | 130.54 | .055 | 600.48 | | 7.11 |
| PRINCIPAL SURGEON | 4 | 4 | | 2,794.48 | | 698.62 | .009 | 698.62 | | 6.62 |
| ASSISTANT SURGEON | 0 | 0 | | .00 | | .00 | .000 | .00 | | .00 |
| ANESTHESIOLOGIST | 2 | 19 | | 207.90 | | 10.94 | .045 | 103.95 | | .49 |
| DIALYSIS | 8 | 28 | | 3,270.72 | | 116.81 | .066 | 408.84 | | 7.75 |
| PATHOLOGY | 0 | 0 | | .00 | | .00 | .000 | .00 | | .00 |

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

| RADIOLOGY | 8 | 11 | | 460.17 | | 41.83 | .026 | | 57.52 | | 1.09 |
|----------------------------|-------------------------|-----------|------------|---------------|--------|----------|-----------|-------|--------|----|-----------|
| PSYCHIATRY | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| IMMUNIZATION AND INJECTION | 1 | 1 | | 10.93 | | 10.93 | .002 | | 10.93 | | .03 |
| OTHER SERVICES/ALL X-OVERS | 96 | 628 | | 4,447.89 | | 7.08 | 1.488 | | 46.33 | | 10.54 |
| @PHARMACY | 287 | 2,030 | \$ | 94,482.40 | \$ | 46.54 | 4.810 | \$ | 329.21 | \$ | 223.89 |
| PRESCRIPTION DRUGS | 283 | 1,457 | | 92,660.96 | | 63.60 | 3.453 | | 327.42 | | 219.58 |
| SNF/ICF | 68 | 479 | | 19,199.54 | | 40.08 | 1.135 | | 282.35 | | 45.50 |
| OUTPATIENTS | 216 | 978 | | 73,461.42 | | 75.11 | 2.318 | | 340.10 | | 174.08 |
| MEDICAL SUPPLIES | 26 | 573 | | 1,821.44 | | 3.18 | 1.358 | | 70.06 | | 4.32 |
| @DENTIST | 38 | 170 | \$ | 3,091.00 | | 18.18 | .403 | \$ | 81.34 | \$ | 7.32 |
| VISITS - DIAGNOSTIC | 28 | 78 | | 823.00 | | 10.55 | .185 | | 29.39 | | 1.95 |
| ORAL SURGERY | 8 | 28 | | 1,034.00 | | 36.93 | .066 | | 129.25 | | 2.45 |
| DRUGS | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| ANESTHESIA | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| PERIODONTICS | 1 | 1 | | 118.00 | | 118.00 | .002 | | 118.00 | | .28 |
| ENDODONTICS | 2 | 5 | | .00 | | .00 | .012 | | .00 | | .00 |
| RESTORATIVE DENTISTRY | 11 | 28 | | 380.00 | | 13.57 | .066 | | 34.55 | | .90 |
| PROSTHETICS | 1 | 1 | | .00 | | .00 | .002 | | .00 | | .00 |
| DENTURES, STAYPLATES | 6 | 24 | | 736.00 | | 30.67 | .057 | | 122.67 | | 1.74 |
| SPACE MAINTAINERS | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| MAXILLOFACIAL SERVICES | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| FRACTURES, DISLOCATIONS | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| ORTHODONTIC SERVICES | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| ALL OTHER SERVICES | 4 | 5 | | .00 | | .00 | .012 | | .00 | | .00 |
| #CALIF DEPT OF HEALTH SERV | MEDI-CAL SERVICES AND E | XPENDITUF | RES MONTH- | -OF-PAYMENT I | REPORT | FOR JAN | 2004 THRU | DEC 2 | 2004 | PF | AGE 1,074 |
| MOP024 | FEE-FOR-SERVICE/DENTAL | | | | | | | | | | 03/14/05 |
| BUTTE COUNTY | SUMMARY OF SERVICES FOR | MN - SC | C - AGED | | AI | D CODE 1 | 7 1Y | | | | |

| BOILE COONIL | DOINGING OF DELCO | VIOLD IOIC I | | 00 | 11000 | 41. | ID OODE I | | | | | |
|------------------------------|-------------------|--------------|--------|----|---------------------|-----|------------|-----------|-----|------------|----|----------|
| | | | | | | | | Mo | CNC | THLY AVERA | GΕ | |
| 422 ELIGIBLES | USERS | UNITS OF | SERVIC | E | EXPENDITURES | AVI | ERAGE COST | UNITS/DAY | S | COST PER | | COST PER |
| | | OR DAYS | OF CAR | Ε | | PEI | R UNIT/DAY | PER ELIG | | USER | | ELIGIBLE |
| @OPTOMETRIST | 4 | | 13 | \$ | 255.37 | \$ | 19.64 | .031 | \$ | 63.84 | \$ | .61 |
| DIAGNOSTIC AND ANC. PROCED | 2 | | 2 | | 94.90 | | 47.45 | .005 | | 47.45 | | .22 |
| EYE APPLIANCES | 4 | | 11 | | 160.47 | | 14.59 | .026 | | 40.12 | | .38 |
| OTHER OPTOMETRIC SERVICES | 0 | | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| @CHIROPRACTOR | 0 | | 0 | \$ | .00 | \$ | .00 | .000 | \$ | .00 | \$ | .00 |
| VISITS | 0 | | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| OTHER SERVICES | 0 | | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| @PODIATRIST | 10 | | 12 | \$ | 54.40 | \$ | 4.53 | .028 | \$ | 5.44 | \$ | .13 |
| MEDICINE/INJECTIONS | 0 | | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| SURGERY/ANES. | 0 | | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| RADIO./PATHOLOGY | 0 | | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| OTHER | 10 | | 12 | | 54.40 | | 4.53 | .028 | | 5.44 | | .13 |
| @HOME HEALTH AGENCY | 0 | | 0 | \$ | .00 | \$ | .00 | .000 | \$ | .00 | \$ | .00 |
| NURSE ANESTHESIST | 0 | | 0 | \$ | .00 | \$ | .00 | .000 | \$ | .00 | \$ | .00 |
| NURSE MIDWIFE | 0 | | 0 | \$ | .00 | \$ | .00 | .000 | \$ | .00 | \$ | .00 |
| PEDIATRIC NURSE PRACTITIONER | 0 | | 0 | \$ | .00 | \$ | .00 | .000 | \$ | .00 | \$ | .00 |
| FAMILY NURSE PRACTITIONER | 0 | | 0 | \$ | .00 | \$ | .00 | .000 | \$ | .00 | \$ | .00 |
| @TOTAL HOSPITAL | 117 | | 397 | \$ | 203,272.26 | \$ | 512.02 | .941 | \$ | 1737.37 | \$ | 481.69 |
| HOSP INPATIENT TOTAL | 26 | | 40 | | 193 , 028.96 | | 4825.72 | .095 | | 7424.19 | | 457.41 |
| HSC HOSPITALS | 0 | | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| NON-HSC HOSPITAL TOTAL | 2 | | 40 | | 168,000.61 | | 4200.02 | .095 | | 84000.31 | | 398.11 |
| ACCOMMODATIONS | 2 | | 40 | | 27,983.10 | | 699.58 | .095 | | 13991.55 | | 66.31 |
| ADMINISTRATIVE DAYS | 0 | | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| TRANSITIONAL IP CARE | 0 | | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| ALL OTHER ACCOM | 2 | | 40 | | 27,983.10 | | 699.58 | .095 | | 13991.55 | | 66.31 |
| ANCILLARIES | 2 | | 0 | | 140,017.51 | | .00 | .000 | | 70008.76 | | 331.80 |

| INPATIENT CROSSOVERS | 24 | 0 | | 25,028.35 | .00 | .000 | 1042.85 | 5 | 9.31 |
|-----------------------------|---------------------|---------------|------|--------------------|---------------|---------------|-------------|------|---------|
| ALL OTHER INPATIENT | 0 | 0 | | .00 | .00 | .000 | .00 | | .00 |
| HOSP OUTPATIENT TOTAL | 93 | 357 | | 10,243.30 | 28.69 | .846 | 110.14 | 2 | 4.27 |
| MEDICAL | 8 | 13 | | 1,206.97 | 92.84 | .031 | 150.87 | | 2.86 |
| SURGERY | 4 | 5 | | 933.39 | 186.68 | .012 | 233.35 | | 2.21 |
| PATHOLOGY | 12 | 33 | | 328.78 | 9.96 | .078 | 27.40 | | .78 |
| RADIOLOGY | 4 | 6 | | 865.68 | 144.28 | .014 | 216.42 | | 2.05 |
| ROOM USE | 9 | 13 | | 1,001.44 | 77.03 | .031 | 111.27 | | 2.37 |
| CROSSOVERS/ALL OTH OUTPINT | 82 | 287 | | 5,907.04 | 20.58 | .680 | 72.04 | 1 | 4.00 |
| @COUNTY HOSPITAL TOTAL | 0 | 0 | \$ | .00 | \$.00 | .000 | \$.00 | \$ | .00 |
| CO HOSPITAL INPATIENT TOTAL | 0 | 0 | | .00 | .00 | .000 | .00 | | .00 |
| HSC HOSPITALS | 0 | 0 | | .00 | .00 | .000 | .00 | | .00 |
| NON-HSC HOSPITALS TOTAL | 0 | 0 | | .00 | .00 | .000 | .00 | | .00 |
| ACCOMMODATIONS | 0 | 0 | | .00 | .00 | .000 | .00 | | .00 |
| ADMINISTRATIVE DAYS | 0 | 0 | | .00 | .00 | .000 | .00 | | .00 |
| TRANSITIONAL IP CARE | 0 | 0 | | .00 | .00 | .000 | .00 | | .00 |
| ALL OTHER ACCOM | 0 | 0 | | .00 | .00 | .000 | .00 | | .00 |
| ANCILLARIES | 0 | 0 | | .00 | .00 | .000 | .00 | | .00 |
| INPATIENT CROSSOVERS | 0 | 0 | | .00 | .00 | .000 | .00 | | .00 |
| ALL OTHER INPATIENT | 0 | 0 | | .00 | .00 | .000 | .00 | | .00 |
| CO HOSP OUTPATIENT TOTAL | 0 | 0 | | .00 | .00 | .000 | .00 | | .00 |
| MEDICAL | 0 | 0 | | .00 | .00 | .000 | .00 | | .00 |
| SURGERY | 0 | 0 | | .00 | .00 | .000 | .00 | | .00 |
| PATHOLOGY | 0 | 0 | | .00 | .00 | .000 | .00 | | .00 |
| RADIOLOGY | 0 | 0 | | .00 | .00 | .000 | .00 | | .00 |
| ROOM USE | 0 | 0 | | .00 | .00 | .000 | .00 | | .00 |
| CROSSOVERS/ALL OTH OUTPTNT | 0 | 0 | | .00 | .00 | .000 | .00 | | .00 |
| #CALIF DEPT OF HEALTH SERV | MEDI-CAL SERVICES | | RES | MONTH-OF-PAYMENT R | EPORT FOR JAN | I 2004 THRU D | EC 2004 | | 1,075 |
| MOP024 | FEE-FOR-SERVICE/DE | | | | | | | 03 | 3/14/05 |
| BUTTE COUNTY | SUMMARY OF SERVICES | S FOR MN - S | oc - | AGED | AID CODE 1 | | | | |
| | | | | | | | NTHLY AVERA | | |
| 422 ELIGIBLES | USERS UNI | ITS OF SERVIC | E | EXPENDITURES | AVERAGE COS | T UNITS/DAYS | COST PER | COST | ' PER |

| | | OD DAVC OF CARE | | | חשת | R UNIT/DAY | DED ELLO | | USER | | ELIGIBLE |
|------------------------------|-----------------|---------------------|-----|--------------------|--------|-------------|-----------|-----|----------|----|-----------|
| @COMMUNITY HOSPITAL TOTAL | 117 | OR DAYS OF CARE 397 | \$ | 203,272.26 | \$ | 512.02 | | | 1737.37 | | 481.69 |
| COMM HOSP INPATIENT TOTAL | 26 | 40 | Y | 193,028.96 | Y | 4825.72 | .095 | Y | 7424.19 | Y | 457.41 |
| HSC HOSPITALS | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| NON-HSC HOSPITALS TOTAL | 2 | 40 | | 168,000.61 | | 4200.02 | .095 | | 84000.31 | | 398.11 |
| ACCOMMODATIONS | 2 | 40 | | 27,983.10 | | 699.58 | .095 | | 13991.55 | | 66.31 |
| ADMINISTRATIVE DAYS | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| TRANSITIONAL IP CARE | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| ALL OTHER ACCOM | 2 | 40 | | 27,983.10 | | 699.58 | .095 | | 13991.55 | | 66.31 |
| ANCILLARIES | 2 | 0 | | 140,017.51 | | .00 | .000 | | 70008.76 | | 331.80 |
| INPATIENT CROSSOVERS | 24 | 0 | | 25,028.35 | | .00 | .000 | | 1042.85 | | 59.31 |
| ALL OTHER INPATIENT | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| COMM HOSP OUTPATIENT TOTAL | 93 | 357 | | 10,243.30 | | 28.69 | .846 | | 110.14 | | 24.27 |
| MEDICAL | 8 | 13 | | 1,206.97 | | 92.84 | .031 | | 150.87 | | 2.86 |
| SURGERY | 4 | 5 | | 933.39 | | 186.68 | .012 | | 233.35 | | 2.21 |
| PATHOLOGY | 12 | 33 | | 328.78 | | 9.96 | .078 | | 27.40 | | .78 |
| RADIOLOGY | 4 | 6 | | 865.68 | | 144.28 | .014 | | 216.42 | | 2.05 |
| ROOM USE | 9 | 13 | | 1,001.44 | | 77.03 | .031 | | 111.27 | | 2.37 |
| CROSSOVERS/ALL OTH OUTPINT | 82 | 287 | | 5,907.04 | | 20.58 | .680 | | 72.04 | | 14.00 |
| @STATE HOSPITAL | 0 | 0 | \$ | .00 | \$ | .00 | .000 | \$ | .00 | \$ | .00 |
| MENTALLY ILL | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| DEVELOP. DISABLED | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| @NURSING FACILITY | 92 | 1,980 | \$ | 216,787.74 | \$ | 109.49 | 4.692 | \$ | 2356.39 | \$ | 513.72 |
| LEV A-INTERMEDIATE | 0 | . 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| LEV B-REHAB MD | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| LEV B-SUBACUTE FREESTANDING | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| LEV B-SUBACUTE HSPTL BASED | 2 | 17 | | 9,235.34 | | 543.26 | .040 | | 4617.67 | | 21.88 |
| LEV B-TRANSITIONAL IP CARE | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| LEV B-REGULAR | 91 | 1,963 | | 207,552.40 | | 105.73 | 4.652 | | 2280.80 | | 491.83 |
| @INTERMEDIATE CARE FACILDD | 0 | 0 | \$ | .00 | \$ | .00 | .000 | \$ | .00 | \$ | .00 |
| ICF DDH | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| ICF DD | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| ICF DDN/DDCN | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| @HEMODIALYSIS TOTAL | 27 | 487 | \$ | 32,957.13 | \$ | 67.67 | 1.154 | \$ | 1220.63 | \$ | 78.10 |
| HOSPITAL BASED | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| HEMODIALYSIS CENTER | 27 | 487 | | 32,957.13 | | 67.67 | 1.154 | | 1220.63 | | 78.10 |
| @REHABILITATION FACILITY | 1 | 21 | \$ | 147.76 | \$ | 7.04 | .050 | \$ | 147.76 | \$ | .35 |
| HOSPITAL BASED | 1 | 21 | | 147.76 | | 7.04 | .050 | | 147.76 | | .35 |
| INDEPENDENT FACILITY | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| @LABORATORY FACILITY | 13 | 84 | \$ | 611.39 | \$ | 7.28 | .199 | \$ | 47.03 | \$ | 1.45 |
| PATHOLOGY | 12 | 83 | | 598.48 | | 7.21 | .197 | | 49.87 | | 1.42 |
| XO AND OTHERS | 1 | 1 | | 12.91 | | 12.91 | .002 | | 12.91 | | .03 |
| @ORGANIZED OUTPATIENT CLINIC | 21 | 36 | \$ | 3,465.19 | \$ | 96.26 | .085 | \$ | 165.01 | \$ | 8.21 |
| CLINIC | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| SURGICENTER | 1 | 2 | | 244.72 | | 122.36 | .005 | | 244.72 | | .58 |
| HEROIN DETOX CLINIC | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| RURAL HEALTH CLINIC | 20 | 34 | | 3,220.47 | | 94.72 | .081 | | 161.02 | | |
| #CALIF DEPT OF HEALTH SERV | MEDI-CAL SERVIC | ES AND EXPENDITUR | ES | MONTH-OF-PAYMENT R | REPOR! | r for jan 2 | 2004 THRU | DEC | 2004 | | AGE 1,076 |
| MOP024 | FEE-FOR-SERVICE | | | | | | | | | | 03/14/05 |
| BUTTE COUNTY | SUMMARY OF SERV | ICES FOR MN - SO | C - | AGED | A. | | | | | | |
| | | | | | | | M | | | | |
| 422 ELIGIBLES | USERS | | | EXPENDITURES | | | | | | | |
| | | OR DAYS OF CARE | | | | R UNIT/DAY | | | | | ELIGIBLE |
| @ALL OTHER PROVIDERS | 106 | 7,683 | Ş | • | | | | \$ | 378.17 | \$ | |
| DURABLE MED. EQUIP. | 1 | 1 | | 79.50 | | 79.50 | .002 | | 79.50 | | .19 |
| BLOOD BANK | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |

| HEARING AID DISPENSERS | 10 | 17 | 962.03 | 56.59 | .040 | 96.20 | 2.28 |
|--------------------------------|-----|-------|--------------------------|----------|--------|-----------|-----------|
| MEDICAL TRANSPORTATION | 52 | 7,225 | 17,053.66 | 2.36 | 17.121 | 327.96 | 40.41 |
| AMBULANCES/AIR TRANS | 6 | 28 | 570.66 | 20.38 | .066 | 95.11 | 1.35 |
| OTHER TRANS | 44 | 7,171 | 16,326.62 | 2.28 | 16.993 | 371.06 | 38.69 |
| OTHER SERVICES | 3 | 26 | 156.38 | 6.01 | .062 | 52.13 | .37 |
| ACUPUNCTURE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ADULT DAY HEALTH CARE CTR | 10 | 270 | 18,786.60 | 69.58 | .640 | 1878.66 | 44.52 |
| GENETIC DISEASE TESTING | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| IHMC, MODEL-NF, NF, AIDS, MSSP | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OCCUPATIONAL THERAPIST | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OPTICIAN | 4 | 8 | 100.14 | 12.52 | .019 | 25.04 | .24 |
| PHYSICAL THERAPIST | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PORTABLE X-RAY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PROSTHETIST/ORTHOTISTS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PROSTHETICS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ORTHOTICS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PSYCHOLOGIST | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| SPEECH AND AUDIOLOGY | 1 | 1 | 174.46 | 174.46 | .002 | 174.46 | .41 |
| HOSPICE SERVICES | 1 | 9 | 1,022.58 | 113.62 | .021 | 1022.58 | 2.42 |
| NONINST BIRTHING CENTERS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| LOCAL EDUCATION AGENCIES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| EPSDT SUPPLEMENTAL SERVICE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| RESPIRATORY CARE PRACT. | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PED SUBACUTE REHAB/WEANING | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER PROVIDERS | 33 | 152 | 1,907.29 | 12.55 | .360 | 57.80 | 4.52 |
| @CALIF. CHILDREN SERVICES* | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 |
| @XOVER EXCLUDING STATE HOSP** | 244 | 1,015 | \$ 82 , 636.78 | \$ 81.42 | 2.405 | \$ 338.68 | \$ 195.82 |
| 00 | | | | | | | |

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

| 111202 211111 1112 111020222 3 | 1110 111111011111111111111111111111 | |
|--------------------------------|---|------------|
| #CALIF DEPT OF HEALTH SERV | MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 | PAGE 1,077 |
| MOP024 | FEE-FOR-SERVICE/DENTAL | 03/14/05 |
| BUTTE COUNTY | SUMMARY OF SERVICES FOR MN - SOC - BLIND AID CODE 27 | |

| DOMESTIC OF DERIV | VICED FOR THE DOC D | TIND | AID CODE | 2.1 | | |
|-------------------|---------------------|---|---------------------|--|--|-----------|
| | | | | MON | THLY AVERA | GE |
| USERS | UNITS OF SERVICE | EXPENDITURES | AVERAGE COST | UNITS/DAYS | COST PER | COST PER |
| | OR DAYS OF CARE | | PER UNIT/DAY | PER ELIG | USER | ELIGIBLE |
| 11 | 45 \$ | 2,004.64 | \$ 44.55 | 11.250 \$ | 182.24 | \$ 501.16 |
| 1 | 2 \$ | 118.90 | \$ 59.45 | .500 \$ | 118.90 | \$ 29.73 |
| 1 | 1 | 108.08 | 108.08 | .250 | 108.08 | 27.02 |
| 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| 1 | 1 | 108.08 | 108.08 | .250 | 108.08 | 27.02 |
| 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| | | USERS UNITS OF SERVICE OR DAYS OF CARE | OR DAYS OF CARE 11 | USERS UNITS OF SERVICE OR DAYS OF CARE 11 | USERS UNITS OF SERVICE OR DAYS OF CARE 11 | USERS |

| OUTPATIENT SURGERY | 0 | 0 | .00 | | .00 | .000 | | .00 | | .00 |
|--|--|---|--|--------------|--|---|---------------------------------------|---|----------------|--|
| PRINCIPAL SURGEON | 0 | 0 | .00 | | .00 | .000 | | .00 | | .00 |
| ASSISTANT SURGEON | 0 | 0 | .00 | | .00 | .000 | | .00 | | .00 |
| ANESTHESIOLOGIST | 0 | 0 | .00 | | .00 | .000 | | .00 | | .00 |
| DIALYSIS | 0 | 0 | .00 | | .00 | .000 | | .00 | | .00 |
| | • | 0 | | | | | | | | |
| PATHOLOGY | 0 | U | .00 | | .00 | .000 | | .00 | | .00 |
| RADIOLOGY | 0 | 0 | .00 | | .00 | .000 | | .00 | | .00 |
| PSYCHIATRY | 0 | 0 | .00 | | .00 | .000 | | .00 | | .00 |
| IMMUNIZATION AND INJECTION | 0 | 0 | .00 | | .00 | .000 | | .00 | | .00 |
| OTHER SERVICES/ALL X-OVERS | 1 | 1 | 10.82 | | 10.82 | .250 | | 10.82 | | 2.71 |
| @PHARMACY | _ 5 | 22 \$ | 1,185.11 | \$ | 53.87 | 5.500 | \$ | 237.02 | Ś | 296.28 |
| PRESCRIPTION DRUGS | 5 | 22 | 1,185.11 | Ψ | 53.87 | 5.500 | т | 237.02 | Τ. | 296.28 |
| | 5 | 0 | • | | | | | | | |
| SNF/ICF | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| OUTPATIENTS | 5 | 22 | 1,185.11 | | 53.87 | 5.500 | | 237.02 | | 296.28 |
| MEDICAL SUPPLIES | 0 | 0 | .00 | | .00 | .000 | | .00 | | .00 |
| @DENTIST | 1 | 3 \$ | .00 | \$ | .00 | .750 | \$ | .00 | \$ | .00 |
| VISITS - DIAGNOSTIC | 1 | 2 | .00 | | .00 | .500 | | .00 | | .00 |
| ORAL SURGERY | 1 | 1 | .00 | | .00 | .250 | | .00 | | .00 |
| DRUGS | 0 | 0 | .00 | | .00 | .000 | | .00 | | .00 |
| | 0 | 0 | .00 | | .00 | .000 | | .00 | | |
| ANESTHESIA | • | U | | | | | | | | .00 |
| PERIODONTICS | 0 | 0 | .00 | | .00 | .000 | | .00 | | .00 |
| ENDODONTICS | 0 | 0 | .00 | | .00 | .000 | | .00 | | .00 |
| RESTORATIVE DENTISTRY | 0 | 0 | .00 | | .00 | .000 | | .00 | | .00 |
| PROSTHETICS | 0 | 0 | .00 | | .00 | .000 | | .00 | | .00 |
| DENTURES, STAYPLATES | 0 | 0 | .00 | | .00 | .000 | | .00 | | .00 |
| SPACE MAINTAINERS | 0 | 0 | .00 | | .00 | .000 | | .00 | | .00 |
| MAXILLOFACIAL SERVICES | 0 | 0 | .00 | | .00 | .000 | | .00 | | .00 |
| | 0 | 0 | .00 | | | | | | | |
| FRACTURES, DISLOCATIONS | • | 0 | | | .00 | .000 | | .00 | | .00 |
| ORTHODONTIC SERVICES | 0 | 0 | .00 | | .00 | .000 | | .00 | | .00 |
| ALL OTHER SERVICES | 0 | 0 | .00 | | .00 | .000 | | .00 | | .00 |
| #CALIF DEPT OF HEALTH SERV | MEDI-CAL SERVICE | ES AND EXPENDITURES | MONTH-OF-PAYMENT R | REPORT | FOR JAN 2 | 2004 THRU | DEC | 2004 | PΖ | AGE 1,078 |
| MOP024 | FEE-FOR-SERVICE | /DENTAL | | | | | | | | 03/14/05 |
| BUTTE COUNTY | SUMMARY OF SERVI | ICES FOR MN - SOC - | - BLIND | | AID CODE | 27 | | | | |
| | | | | | | M | ONT | HLY AVERA | GE - | |
| 04 ELIGIBLES | USERS | UNITS OF SERVICE | EXPENDITURES | AVE | RAGE COST | UNITS/DAY | | COST PER | | COST PER |
| OT BETOEBED | OBERS | OR DAYS OF CARE | EMI EMBITORES | | | PER ELIG | | USER | | ELIGIBLE |
| @OPTOMETRIST | 0 | 0 \$ | .00 | \$ | .00 | .000 | | .00 | | .00 |
| - | | | | Ą | | | ې | | Ą | |
| DIAGNOSTIC AND ANC. PROCED | 0 | 0 | .00 | | .00 | .000 | | .00 | | .00 |
| EYE APPLIANCES | 0 | 0 | .00 | | .00 | .000 | | .00 | | .00 |
| OTHER OPTOMETRIC SERVICES | 0 | 0 | .00 | | .00 | .000 | | .00 | | .00 |
| @CHIROPRACTOR | 0 | 0 \$ | .00 | \$ | .00 | .000 | \$ | .00 | \$ | .00 |
| VISITS | 0 | 0 | .00 | | .00 | .000 | | .00 | | .00 |
| OTHER SERVICES | | | | | | | | | | .00 |
| @PODIATRIST | 0 | | | | .00 | .000 | | . () () | | |
| | 0 | 0 | .00 | Ś | .00 | .000 | Ś | .00 | Ś | |
| | 0 | 0 0 \$ | .00 | \$ | .00 | .000 | \$ | .00 | \$ | .00 |
| MEDICINE/INJECTIONS | 0 | 0 0 \$ 0 | .00 .00 .00 | \$ | .00 | .000 | \$ | .00 | \$ | .00 |
| SURGERY/ANES. | 0 | 0 0 \$ 0 | .00 .00 .00 | \$ | .00 | .000 | \$ | .00 .00 | \$ | .00 .00 .00 |
| SURGERY/ANES. RADIO./PATHOLOGY | 0 0 0 | 0 0 \$ 0 0 | .00 .00 .00 .00 | \$ | .00 .00 .00 | .000 .000 .000 | \$ | .00 .00 .00 | \$ | .00 .00 .00 |
| SURGERY/ANES. RADIO./PATHOLOGY OTHER | 0 0 0 0 | 0 0 \$ 0 0 0 | .00 .00 .00 .00 .00 | \$ | .00 .00 .00 .00 | .000 .000 .000 .000 | \$ | .00 .00 .00 | · | .00 .00 .00 .00 |
| SURGERY/ANES. RADIO./PATHOLOGY | 0 0 0 | 0 0 \$ 0 0 | .00 .00 .00 .00 .00 | \$ | .00 .00 .00 | .000 .000 .000 .000 | \$ | .00 .00 .00 .00 | · | .00 .00 .00 |
| SURGERY/ANES. RADIO./PATHOLOGY OTHER | 0 0 0 0 | 0 0 \$ 0 0 0 | .00 .00 .00 .00 .00 | \$ \$ | .00 .00 .00 .00 | .000 .000 .000 .000 | | .00 .00 .00 | · | .00 .00 .00 .00 |
| SURGERY/ANES. RADIO./PATHOLOGY OTHER @HOME HEALTH AGENCY | 0 0 0 0 0 | 0 0 \$ 0 0 0 0 | .00 .00 .00 .00 .00 | \$ | .00 | .000 .000 .000 .000 | \$ | .00 | \$ | .00 .00 .00 .00 |
| SURGERY/ANES. RADIO./PATHOLOGY OTHER @HOME HEALTH AGENCY NURSE ANESTHESIST NURSE MIDWIFE | 0 0 0 0 0 0 | 0 0 \$ 0 0 0 0 \$ 0 \$ 0 \$ | .00 .00 .00 .00 .00 .00 | \$ \$ \$ \$. | .00 .00 .00 .00 .00 .00 | .000 .000 .000 .000 .000 .000 | \$ \$ \$ \$. | .00 .00 .00 .00 .00 | \$ \$ \$ | .00 .00 .00 .00 .00 .00 |
| SURGERY/ANES. RADIO./PATHOLOGY OTHER @HOME HEALTH AGENCY NURSE ANESTHESIST NURSE MIDWIFE PEDIATRIC NURSE PRACTITIONER | 0 0 0 0 0 0 | 0 0 0 0 0 0 0 \$ 0 \$ 0 \$ \$ \$ \$ \$ \$ \$ \$ \$ | .00 .00 .00 .00 .00 .00 .00 | \$ | .00 .00 .00 .00 .00 .00 | .000 .000 .000 .000 .000 .000 .000 | · · · · · · · · · · · · · · · · · · · | .00 .00 .00 .00 .00 .00 | \$ \$ \$ \$ | .00 .00 .00 .00 .00 .00 .00 |
| SURGERY/ANES. RADIO./PATHOLOGY OTHER @HOME HEALTH AGENCY NURSE ANESTHESIST NURSE MIDWIFE PEDIATRIC NURSE PRACTITIONER FAMILY NURSE PRACTITIONER | 0 0 0 0 0 0 0 0 | 0 0 0 0 0 0 0 0 \$ 0 \$ 0 \$ \$ \$ \$ \$ \$ \$ \$ | .00 .00 .00 .00 .00 .00 .00 | · | .00 .00 .00 .00 .00 .00 .00 | .000 .000 .000 .000 .000 .000 .000 | י רט רט רט רט רט | .00 .00 .00 .00 .00 .00 .00 | \$ \$ \$ \$ \$ | .00 .00 .00 .00 .00 .00 .00 |
| SURGERY/ANES. RADIO./PATHOLOGY OTHER @HOME HEALTH AGENCY NURSE ANESTHESIST NURSE MIDWIFE PEDIATRIC NURSE PRACTITIONER FAMILY NURSE PRACTITIONER @TOTAL HOSPITAL | 0 0 0 0 0 0 0 0 0 | 0 0 0 0 0 0 0 0 0 \$ 0 \$ 0 \$ \$ \$ \$ \$ \$ \$ | .00 .00 .00 .00 .00 .00 .00 .00 .00 | \$ \$ \$ \$. | .00 .00 .00 .00 .00 .00 .00 .00 .00 | .000 .000 .000 .000 .000 .000 .000 .00 | · · · · · · · · · · · · · · · · · · · | .00 .00 .00 .00 .00 .00 .00 .00 | \$ \$ \$ \$ \$ | .00 .00 .00 .00 .00 .00 .00 .00 .00 |
| SURGERY/ANES. RADIO./PATHOLOGY OTHER @HOME HEALTH AGENCY NURSE ANESTHESIST NURSE MIDWIFE PEDIATRIC NURSE PRACTITIONER FAMILY NURSE PRACTITIONER @TOTAL HOSPITAL HOSP INPATIENT TOTAL | 0 0 0 0 0 0 0 0 0 0 | 0 0 0 0 0 0 0 0 \$ 0 \$ 0 \$ \$ \$ \$ \$ \$ \$ \$ | .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 | · | .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 | .000 .000 .000 .000 .000 .000 .000 .00 | י רט רט רט רט רט | .00 .00 .00 .00 .00 .00 .00 .00 .00 | \$ \$ \$ \$ \$ | .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 |
| SURGERY/ANES. RADIO./PATHOLOGY OTHER @HOME HEALTH AGENCY NURSE ANESTHESIST NURSE MIDWIFE PEDIATRIC NURSE PRACTITIONER FAMILY NURSE PRACTITIONER @TOTAL HOSPITAL | 0 0 0 0 0 0 0 0 0 | 0 0 0 0 0 0 0 0 0 \$ 0 \$ 0 \$ \$ \$ \$ \$ \$ \$ | .00 .00 .00 .00 .00 .00 .00 .00 .00 | · | .00 .00 .00 .00 .00 .00 .00 .00 .00 | .000 .000 .000 .000 .000 .000 .000 .00 | י רט רט רט רט רט | .00 .00 .00 .00 .00 .00 .00 .00 | \$ \$ \$ \$ \$ | .00 .00 .00 .00 .00 .00 .00 .00 .00 |

| NON-HSC HOSPITAL TOTAL | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
|-----------------------------|-------------------------|------------|-------------|--------------|-------------|-----------|----------|------------|
| ACCOMMODATIONS | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| ADMINISTRATIVE DAYS | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| TRANSITIONAL IP CARE | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER ACCOM | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| ANCILLARIES | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| INPATIENT CROSSOVERS | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER INPATIENT | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| HOSP OUTPATIENT TOTAL | 2 | 15 | | 197.59 | 13.17 | 3.750 | 98.80 | 49.40 |
| MEDICAL | 1 | 1 | | 42.47 | 42.47 | .250 | 42.47 | 10.62 |
| SURGERY | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| PATHOLOGY | 2 | 11 | | 76.80 | 6.98 | 2.750 | 38.40 | 19.20 |
| RADIOLOGY | 1 | 1 | | 23.70 | 23.70 | .250 | 23.70 | 5.93 |
| ROOM USE | 1 | 1 | | 47.07 | 47.07 | .250 | 47.07 | 11.77 |
| CROSSOVERS/ALL OTH OUTPINT | 1 | 1 | | 7.55 | 7.55 | .250 | 7.55 | 1.89 |
| @COUNTY HOSPITAL TOTAL | 0 | 0 | \$ | .00 | \$.00 | .000 | \$.00 | \$.00 |
| CO HOSPITAL INPATIENT TOTAL | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| HSC HOSPITALS | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| NON-HSC HOSPITALS TOTAL | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| ACCOMMODATIONS | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| ADMINISTRATIVE DAYS | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| TRANSITIONAL IP CARE | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER ACCOM | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| ANCILLARIES | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| INPATIENT CROSSOVERS | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER INPATIENT | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| CO HOSP OUTPATIENT TOTAL | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| MEDICAL | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| SURGERY | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| PATHOLOGY | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| RADIOLOGY | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| ROOM USE | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| CROSSOVERS/ALL OTH OUTPINT | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| #CALIF DEPT OF HEALTH SERV | MEDI-CAL SERVICES AND E | EXPENDITUR | ES MONTH-OF | -PAYMENT REP | ORT FOR JAN | 2004 THRU | DEC 2004 | PAGE 1,079 |
| MOP024 | FEE-FOR-SERVICE/DENTAL | | | | | | | 03/14/05 |
| BUTTE COUNTY | SUMMARY OF SERVICES FOR | R MN - SO | C - BLIND | | AID CODE | 27 | | |
| | | | | | | | | ~= |

| 20112 0001111 | 001111111111111111111111111111111111111 | | | 1125 0052 27 | | | | | | | | |
|----------------------------|---|------------------|--------------|--------------|------------|-------------|----------|--|--|--|--|--|
| | | | | | MOI | NTHLY AVERA | GE | | | | | |
| 04 ELIGIBLES | USERS | UNITS OF SERVICE | EXPENDITURES | AVERAGE COST | UNITS/DAYS | COST PER | COST PER | | | | | |
| | | OR DAYS OF CARE | | PER UNIT/DAY | PER ELIG | USER | ELIGIBLE | | | | | |
| @COMMUNITY HOSPITAL TOTAL | 2 | 15 \$ | 197.59 | \$ 13.17 | 3.750 | 98.80 | \$ 49.40 | | | | | |
| COMM HOSP INPATIENT TOTAL | 0 | 0 | .00 | .00 | .000 | .00 | .00 | | | | | |
| HSC HOSPITALS | 0 | 0 | .00 | .00 | .000 | .00 | .00 | | | | | |
| NON-HSC HOSPITALS TOTAL | 0 | 0 | .00 | .00 | .000 | .00 | .00 | | | | | |
| ACCOMMODATIONS | 0 | 0 | .00 | .00 | .000 | .00 | .00 | | | | | |
| ADMINISTRATIVE DAYS | 0 | 0 | .00 | .00 | .000 | .00 | .00 | | | | | |
| TRANSITIONAL IP CARE | 0 | 0 | .00 | .00 | .000 | .00 | .00 | | | | | |
| ALL OTHER ACCOM | 0 | 0 | .00 | .00 | .000 | .00 | .00 | | | | | |
| ANCILLARIES | 0 | 0 | .00 | .00 | .000 | .00 | .00 | | | | | |
| INPATIENT CROSSOVERS | 0 | 0 | .00 | .00 | .000 | .00 | .00 | | | | | |
| ALL OTHER INPATIENT | 0 | 0 | .00 | .00 | .000 | .00 | .00 | | | | | |
| COMM HOSP OUTPATIENT TOTAL | 2 | 15 | 197.59 | 13.17 | 3.750 | 98.80 | 49.40 | | | | | |
| MEDICAL | 1 | 1 | 42.47 | 42.47 | .250 | 42.47 | 10.62 | | | | | |
| SURGERY | 0 | 0 | .00 | .00 | .000 | .00 | .00 | | | | | |
| PATHOLOGY | 2 | 11 | 76.80 | 6.98 | 2.750 | 38.40 | 19.20 | | | | | |
| RADIOLOGY | 1 | 1 | 23.70 | 23.70 | .250 | 23.70 | 5.93 | | | | | |
| ROOM USE | 1 | 1 | 47.07 | 47.07 | .250 | 47.07 | 11.77 | | | | | |

| CROSSOVERS/ALL OTH OUTPINT | 1 | 1 | | 7.55 | | 7.55 | .250 | | 7.55 | | 1.89 |
|------------------------------|--------------------------|---------|----------------|------------|-------|--------------|------|-----|--------|----|-----------|
| @STATE HOSPITAL | 0 | 0 | \$ | .00 | \$ | .00 | .000 | \$ | .00 | \$ | .00 |
| MENTALLY ILL | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| DEVELOP. DISABLED | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| @NURSING FACILITY | 0 | 0 | \$ | .00 | \$ | .00 | .000 | \$ | .00 | \$ | .00 |
| LEV A-INTERMEDIATE | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| LEV B-REHAB MD | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| LEV B-SUBACUTE FREESTANDING | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| LEV B-SUBACUTE HSPTL BASED | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| LEV B-TRANSITIONAL IP CARE | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| LEV B-REGULAR | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| @INTERMEDIATE CARE FACILDD | 0 | 0 | \$ | .00 | \$ | .00 | .000 | \$ | .00 | \$ | .00 |
| ICF DDH | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| ICF DD | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| ICF DDN/DDCN | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| @HEMODIALYSIS TOTAL | 0 | 0 | \$ | .00 | \$ | .00 | .000 | \$ | .00 | \$ | .00 |
| HOSPITAL BASED | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| HEMODIALYSIS CENTER | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| @REHABILITATION FACILITY | 0 | 0 | \$ | .00 | \$ | .00 | .000 | \$ | .00 | \$ | .00 |
| HOSPITAL BASED | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| INDEPENDENT FACILITY | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| @LABORATORY FACILITY | 0 | 0 | \$ | .00 | \$ | .00 | .000 | \$ | .00 | \$ | .00 |
| PATHOLOGY | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| XO AND OTHERS | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| @ORGANIZED OUTPATIENT CLINIC | 3 | 3 | \$ | 503.04 | \$ | 167.68 | .750 | \$ | 167.68 | \$ | 125.76 |
| CLINIC | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| SURGICENTER | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| HEROIN DETOX CLINIC | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| RURAL HEALTH CLINIC | 3 | 3 | | 503.04 | | 167.68 | .750 | | 167.68 | | 125.76 |
| #CALIF DEPT OF HEALTH SERV | MEDI-CAL SERVICES AND EX | PENDITU | JRES MONTH-OF- | -PAYMENT R | EPORT | FOR JAN 2004 | THRU | DEC | 2004 | P. | AGE 1,080 |
| MOP024 | FEE-FOR-SERVICE/DENTAL | | | | | | | | | | 03/14/05 |
| BUTTE COUNTY | SUMMARY OF SERVICES FOR | MN - S | SOC - BLIND | | | AID CODE 27 | | | | | -, , |
| | | ~ | | | | | | | | | |

| 04 ELIGIBLES | USERS | UNITS OF SERVICE | EXPENDITURES | AVERAGE COST | UNITS/DAYS | COST PER | COST PER |
|--------------------------------|-------|------------------|--------------|--------------|------------|----------|----------|
| | | OR DAYS OF CARE | | PER UNIT/DAY | PER ELIG | USER | ELIGIBLE |
| @ALL OTHER PROVIDERS | 0 | 0 \$ | .00 | \$.00 | .000 \$ | | \$.00 |
| DURABLE MED. EQUIP. | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| BLOOD BANK | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| HEARING AID DISPENSERS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| MEDICAL TRANSPORTATION | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| AMBULANCES/AIR TRANS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OTHER TRANS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OTHER SERVICES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ACUPUNCTURE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ADULT DAY HEALTH CARE CTR | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| GENETIC DISEASE TESTING | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| IHMC, MODEL-NF, NF, AIDS, MSSP | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OCCUPATIONAL THERAPIST | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OPTICIAN | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PHYSICAL THERAPIST | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PORTABLE X-RAY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PROSTHETIST/ORTHOTISTS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PROSTHETICS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ORTHOTICS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PSYCHOLOGIST | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| SPEECH AND AUDIOLOGY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| HOSPICE SERVICES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| NONINST BIRTHING CENTERS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| LOCAL EDUCATION AGENCIES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| EPSDT SUPPLEMENTAL SERVICE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| RESPIRATORY CARE PRACT. | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PED SUBACUTE REHAB/WEANING | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER PROVIDERS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| @CALIF. CHILDREN SERVICES* | 0 | 0 \$ | .00 | \$.00 | .000 \$ | .00 | \$.00 |
| @XOVER EXCLUDING STATE HOSP** | 0 | 0 \$ | .00 | \$.00 | .000 \$ | .00 | \$.00 |

----- MONTHLY AVERAGE -----

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 1,081 MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05 BUTTE COUNTY SUMMARY OF SERVICES FOR MN - SOC - DISABLED AID CODES 65 67 6W 6Y

| DOLLINITY OF DELL | VICED FOR THE | ,00 | DIOMDID MID (| CODED 05 07 OW | 0 1 | | |
|-------------------|---------------------------|--|--|---|--|--|---|
| | | | | | MO | NTHLY AVERA | GE |
| USERS | UNITS OF SERVIC | Œ | EXPENDITURES | AVERAGE COST | UNITS/DAYS | COST PER | COST PER |
| | OR DAYS OF CAR | RE | | PER UNIT/DAY | PER ELIG | USER | ELIGIBLE |
| 961 | 9,021 | \$ | 1,327,397.54 | \$ 147.15 | 13.364 | \$ 1381.27 | \$ 1966.51 |
| 235 | 938 | \$ | 42,027.73 | \$ 44.81 | 1.390 | \$ 178.84 | \$ 62.26 |
| 29 | 37 | | 1,231.83 | 33.29 | .055 | 42.48 | 1.82 |
| 25 | 32 | | 1,040.60 | 32.52 | .047 | 41.62 | 1.54 |
| 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| 3 | 3 | | 157.55 | 52.52 | .004 | 52.52 | .23 |
| 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| 2 | 2 | | 33.68 | 16.84 | .003 | 16.84 | .05 |
| 41 | 248 | | 8,300.06 | 33.47 | .367 | 202.44 | 12.30 |
| 37 | 226 | | 6,811.36 | 30.14 | .335 | 184.09 | 10.09 |
| 3 | 11 | | 1,086.80 | 98.80 | .016 | 362.27 | 1.61 |
| 5 | 11 | | 401.90 | 36.54 | .016 | 80.38 | .60 |
| 3 | 4 | | 144.09 | 36.02 | .006 | 48.03 | .21 |
| | USERS 961 235 29 | USERS UNITS OF SERVICE OR DAYS OF CAR 961 9,021 235 938 29 37 25 32 0 0 3 3 0 0 0 0 2 2 41 248 | USERS UNITS OF SERVICE OR DAYS OF CARE 961 9,021 \$ 235 938 \$ 29 37 25 32 0 0 3 3 0 0 0 0 0 0 2 2 2 41 248 | USERS UNITS OF SERVICE OR DAYS OF CARE 961 9,021 \$ 1,327,397.54 235 938 \$ 42,027.73 29 37 1,231.83 25 32 1,040.60 0 0 .00 3 3 3 157.55 0 0 0 .00 0 0 .00 2 2 2 33.68 41 248 8,300.06 37 226 6,811.36 3 11 1,086.80 5 11 401.90 | USERS UNITS OF SERVICE OR DAYS OF CARE 961 9,021 \$ 1,327,397.54 \$ 147.15 235 938 \$ 42,027.73 \$ 44.81 29 37 1,231.83 33.29 25 32 1,040.60 32.52 0 0 0 .00 .00 3 3 3 157.55 52.52 0 0 0 0 .00 .00 2 2 2 2 33.68 16.84 41 248 8,300.06 33.47 37 226 6,811.36 30.14 3 11 1,086.80 98.80 5 11 401.90 36.54 | USERS UNITS OF SERVICE OR DAYS OF CARE 961 9,021 \$ 1,327,397.54 \$ 147.15 13.364 235 938 \$ 42,027.73 \$ 44.81 1.390 29 37 1,231.83 33.29 .055 25 32 1,040.60 32.52 .047 0 0 0 .00 .00 .000 3 3 3 157.55 52.52 .004 0 0 0 .00 .00 .000 0 0 0 .00 .000 0 0 0 .00 .0 | USERS UNITS OF SERVICE OR DAYS OF CARE 961 9,021 \$ 1,327,397.54 \$ 147.15 13.364 \$ 1381.27 235 938 \$ 42,027.73 \$ 44.81 1.390 \$ 178.84 29 37 1,231.83 33.29 .055 42.48 25 32 1,040.60 32.52 .047 41.62 0 0 0 .00 .00 .00 .00 3 3 3 157.55 52.52 .004 52.52 0 0 0 0 .00 .00 .00 .00 2 2 2 33.68 16.84 .003 16.84 41 248 8,300.06 33.47 .367 202.44 37 226 6,811.36 30.14 .335 184.09 3 11 1,086.80 98.80 .016 362.27 5 11 401.90 36.54 .016 80.38 |

^{0*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

| EXAMINATIONS | 3 | 4 | | 144.09 | | 36.02 | .006 | | 48.03 | | .21 |
|----------------------------|---------------------|--------------|-------|--------------------|-------|------------|-----------|-----|-----------|----|-----------|
| SERVICES AND MATERIALS | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| INPATIENT HOSPITAL SURGERY | 23 | 134 | | 13,126.83 | | 97.96 | .199 | | 570.73 | | 19.45 |
| PRINCIPAL SURGEON | 22 | 35 | | 11,575.65 | | 330.73 | .052 | | 526.17 | | 17.15 |
| ASSISTANT SURGEON | 2 | 2 | | 411.39 | | 205.70 | .003 | | 205.70 | | .61 |
| ANESTHESIOLOGIST | 4 | 97 | | 1,139.79 | | 11.75 | .144 | | 284.95 | | 1.69 |
| OUTPATIENT SURGERY | 8 | 14 | | 2,610.38 | | 186.46 | .021 | | 326.30 | | 3.87 |
| PRINCIPAL SURGEON | 7 | 9 | | 2,398.31 | | 266.48 | .013 | | 342.62 | | 3.55 |
| ASSISTANT SURGEON | 1 | 1 | | 92.70 | | 92.70 | .001 | | 92.70 | | .14 |
| ANESTHESIOLOGIST | 1 | 4 | | 119.37 | | 29.84 | .006 | | 119.37 | | .18 |
| DIALYSIS | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| PATHOLOGY | 6 | 8 | | 285.32 | | 35.67 | .012 | | 47.55 | | .42 |
| RADIOLOGY | 56 | 168 | | 3,765.76 | | 22.42 | .249 | | 67.25 | | 5.58 |
| PSYCHIATRY | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| IMMUNIZATION AND INJECTION | 1 | 20 | | 7,029.65 | | 351.48 | .030 | | 7029.65 | | 10.41 |
| OTHER SERVICES/ALL X-OVERS | 135 | 305 | | 5,533.81 | | 18.14 | .452 | | 40.99 | | 8.20 |
| @PHARMACY | 577 | 3,441 | \$ | 640,165.09 | \$ | | 5.098 | \$ | 1109.47 | \$ | 948.39 |
| PRESCRIPTION DRUGS | 571 | 3,070 | · | 637,564.83 | | 207.68 | 4.548 | | 1116.58 | • | 944.54 |
| SNF/ICF | 35 | 410 | | 24,482.61 | | 59.71 | .607 | | 699.50 | | 36.27 |
| OUTPATIENTS | 538 | 2,660 | | 613,082.22 | | 230.48 | 3.941 | | 1139.56 | | 908.27 |
| MEDICAL SUPPLIES | 41 | 371 | | 2,600.26 | | 7.01 | .550 | | 63.42 | | 3.85 |
| @DENTIST | 68 | 252 | \$ | 8,033.00 | | | .373 | \$ | 118.13 | \$ | 11.90 |
| VISITS - DIAGNOSTIC | 36 | 112 | | 893.00 | | 7.97 | .166 | | 24.81 | | 1.32 |
| ORAL SURGERY | 5 | 36 | | 1,843.00 | | 51.19 | .053 | | 368.60 | | 2.73 |
| DRUGS | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| ANESTHESIA | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| PERIODONTICS | 2 | 2 | | 236.00 | | 118.00 | .003 | | 118.00 | | .35 |
| ENDODONTICS | 9 | 11 | | 954.00 | | 86.73 | .016 | | 106.00 | | 1.41 |
| RESTORATIVE DENTISTRY | 26 | 64 | | 1,757.00 | | 27.45 | .095 | | 67.58 | | 2.60 |
| PROSTHETICS | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| DENTURES, STAYPLATES | 11 | 23 | | 2,350.00 | | 102.17 | .034 | | 213.64 | | 3.48 |
| SPACE MAINTAINERS | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| MAXILLOFACIAL SERVICES | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| FRACTURES, DISLOCATIONS | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| ORTHODONTIC SERVICES | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| ALL OTHER SERVICES | 1 | 4 | | .00 | | .00 | .006 | | .00 | | .00 |
| #CALIF DEPT OF HEALTH SERV | MEDI-CAL SERVICES A | ND EXPENDITU | RES M | ONTH-OF-PAYMENT RI | EPOR: | r for Jan | 2004 THRU | DEC | 2004 | Ρ | AGE 1,082 |
| MOP024 | FEE-FOR-SERVICE/DEN | TAL | | | | | | | | | 03/14/05 |
| BUTTE COUNTY | SUMMARY OF SERVICES | FOR MN - S | OC - | DISABLED AID | CODES | S 65 67 61 | V 6Y | | | | |
| | | | | | | | M | ONT | HLY AVERA | GΕ | |

| | | | | | | M | ON' | THLY AVERA | GE. | |
|----------------------------|-------|------------------|----------------|-----|------------|-----------|-----|------------|-----|----------|
| 675 ELIGIBLES | USERS | UNITS OF SERVICE | EXPENDITURES | AVE | ERAGE COST | UNITS/DAY | S | COST PER | | COST PER |
| | | OR DAYS OF CARE | | PEF | R UNIT/DAY | PER ELIG | | USER | | ELIGIBLE |
| @OPTOMETRIST | 19 | 48 | \$ 886.25 | \$ | 18.46 | .071 | \$ | 46.64 | \$ | 1.31 |
| DIAGNOSTIC AND ANC. PROCED | 5 | 6 | 221.23 | | 36.87 | .009 | | 44.25 | | .33 |
| EYE APPLIANCES | 16 | 40 | 615.71 | | 15.39 | .059 | | 38.48 | | .91 |
| OTHER OPTOMETRIC SERVICES | 2 | 2 | 49.31 | | 24.66 | .003 | | 24.66 | | .07 |
| @CHIROPRACTOR | 0 | 0 | \$.00 | \$ | .00 | .000 | \$ | .00 | \$ | .00 |
| VISITS | 0 | 0 | .00 | | .00 | .000 | | .00 | | .00 |
| OTHER SERVICES | 0 | 0 | .00 | | .00 | .000 | | .00 | | .00 |
| @PODIATRIST | 10 | 33 | \$ 190.61 | \$ | 5.78 | .049 | \$ | 19.06 | \$ | .28 |
| MEDICINE/INJECTIONS | 0 | 0 | .00 | | .00 | .000 | | .00 | | .00 |
| SURGERY/ANES. | 0 | 0 | .00 | | .00 | .000 | | .00 | | .00 |
| RADIO./PATHOLOGY | 0 | 0 | .00 | | .00 | .000 | | .00 | | .00 |
| OTHER | 10 | 33 | 190.61 | | 5.78 | .049 | | 19.06 | | .28 |
| @HOME HEALTH AGENCY | 12 | 107 | \$ 6,875.15 | \$ | 64.25 | .159 | \$ | 572.93 | \$ | 10.19 |
| NURSE ANESTHESIST | 3 | 40 | \$ 445.83 | \$ | 11.15 | .059 | \$ | 148.61 | \$ | .66 |

| NURSE MIDWIFE | 0 | 0 | \$ | .00 | \$ | .00 | .000 | \$.00 | \$ | .00 |
|------------------------------|------------------|------------------|-------|--------------------|-------|--------------|-------|--------------|-----|------------|
| PEDIATRIC NURSE PRACTITIONER | 0 | 0 | \$ | .00 | \$ | .00 | .000 | \$.00 | \$ | .00 |
| FAMILY NURSE PRACTITIONER | 0 | 0 | \$ | .00 | \$ | .00 | .000 | \$.00 | \$ | .00 |
| @TOTAL HOSPITAL | 196 | 1,096 | \$ | 437,535.58 | \$ | 399.21 | 1.624 | \$ 2232.32 | \$ | 648.20 |
| HOSP INPATIENT TOTAL | 47 | 223 | | 415,311.74 | | 1862.38 | .330 | 8836.42 | | 615.28 |
| HSC HOSPITALS | 0 | 0 | | .00 | | .00 | .000 | .00 | | .00 |
| NON-HSC HOSPITAL TOTAL | 34 | 223 | | 406,523.92 | | 1822.98 | .330 | 11956.59 | | 602.26 |
| ACCOMMODATIONS | 34 | 223 | | 141,015.29 | | 632.36 | .330 | 4147.51 | | 208.91 |
| ADMINISTRATIVE DAYS | 0 | 0 | | .00 | | .00 | .000 | .00 | | .00 |
| TRANSITIONAL IP CARE | 0 | 0 | | .00 | | .00 | .000 | .00 | | .00 |
| | 34 | 223 | | | | | | | | 208.91 |
| ALL OTHER ACCOM | | | | 141,015.29 | | 632.36 | .330 | 4147.51 | | |
| ANCILLARIES | 34 | 0 | | 265,508.63 | | .00 | .000 | 7809.08 | | 393.35 |
| INPATIENT CROSSOVERS | 14 | 0 | | 8,787.82 | | .00 | .000 | 627.70 | | 13.02 |
| ALL OTHER INPATIENT | 0 | 0 | | .00 | | .00 | .000 | .00 | | .00 |
| HOSP OUTPATIENT TOTAL | 172 | 873 | | 22,223.84 | | 25.46 | 1.293 | 129.21 | | 32.92 |
| MEDICAL | 41 | 120 | | 4,313.16 | | 35.94 | .178 | 105.20 | | 6.39 |
| SURGERY | 12 | 14 | | 649.26 | | 46.38 | .021 | 54.11 | | .96 |
| PATHOLOGY | 40 | 155 | | 1,828.64 | | 11.80 | .230 | 45.72 | | 2.71 |
| RADIOLOGY | 30 | 57 | | 3,502.90 | | 61.45 | .084 | 116.76 | | 5.19 |
| ROOM USE | 2.8 | 35 | | 1,393.12 | | 39.80 | .052 | 49.75 | | 2.06 |
| CROSSOVERS/ALL OTH OUTPINT | 123 | 492 | | 10,536.76 | | 21.42 | .729 | 85.66 | | 15.61 |
| @COUNTY HOSPITAL TOTAL | 0 | 0 | \$ | .00 | \$ | .00 | .000 | | Ś | .00 |
| CO HOSPITAL INPATIENT TOTAL | 0 | 0 | 7 | .00 | - | .00 | .000 | .00 | 7 | .00 |
| HSC HOSPITALS | 0 | Ő | | .00 | | .00 | .000 | .00 | | .00 |
| NON-HSC HOSPITALS TOTAL | 0 | 0 | | .00 | | .00 | .000 | .00 | | .00 |
| ACCOMMODATIONS | 0 | 0 | | .00 | | .00 | .000 | .00 | | .00 |
| | 0 | 0 | | .00 | | | | .00 | | .00 |
| ADMINISTRATIVE DAYS | U | | | | | .00 | .000 | | | |
| TRANSITIONAL IP CARE | 0 | 0 | | .00 | | .00 | .000 | .00 | | .00 |
| ALL OTHER ACCOM | 0 | 0 | | .00 | | .00 | .000 | .00 | | .00 |
| ANCILLARIES | 0 | 0 | | .00 | | .00 | .000 | .00 | | .00 |
| INPATIENT CROSSOVERS | 0 | 0 | | .00 | | .00 | .000 | .00 | | .00 |
| ALL OTHER INPATIENT | 0 | 0 | | .00 | | .00 | .000 | .00 | | .00 |
| CO HOSP OUTPATIENT TOTAL | 0 | 0 | | .00 | | .00 | .000 | .00 | | .00 |
| MEDICAL | 0 | 0 | | .00 | | .00 | .000 | .00 | | .00 |
| SURGERY | 0 | 0 | | .00 | | .00 | .000 | .00 | | .00 |
| PATHOLOGY | 0 | 0 | | .00 | | .00 | .000 | .00 | | .00 |
| RADIOLOGY | 0 | 0 | | .00 | | .00 | .000 | .00 | | .00 |
| ROOM USE | 0 | 0 | | .00 | | .00 | .000 | .00 | | .00 |
| CROSSOVERS/ALL OTH OUTPTNT | 0 | 0 | | .00 | | .00 | .000 | .00 | | .00 |
| | | | RES N | MONTH-OF-PAYMENT F | REPOF | | | | P | AGE 1,083 |
| MOP024 | FEE-FOR-SERVICE/ | | | | | | | 220 2001 | - | 03/14/05 |
| BUTTE COUNTY | | |)C - | DISABLED AID | CODE | S 65 67 6W | 6Y | | | 00, 11, 00 |
| BOTTE COONT | SOIRER OF SERVE | | | | CODE | 20 00 07 011 | | ONTHLY AVERA | GE. | |
| 675 ELIGIBLES | USERS | UNITS OF SERVICE | 7 | EXPENDITURES | 7.4 | ERAGE COST | | S COST PER | | COST PER |
| 070 HHIGIBHHO | OBLIG | OR DAYS OF CARE | | BALBADITORES | | ER UNIT/DAY | | | | ELIGIBLE |
| @COMMUNITY HOSPITAL TOTAL | 196 | 1,096 | \$ | 437,535.58 | \$ | 399.21 | | \$ 2232.32 | | 648.20 |
| | 47 | 223 | Ą | 415,311.74 | | 1862.38 | .330 | | | 615.28 |
| COMM HOSP INPATIENT TOTAL | | | | | | | | | | |
| HSC HOSPITALS | 0 | 0 | | .00 | | .00 | .000 | .00 | | .00 |
| NON-HSC HOSPITALS TOTAL | 34 | 223 | | 406,523.92 | | 1822.98 | .330 | 11956.59 | | 602.26 |
| ACCOMMODATIONS | 34 | 223 | | 141,015.29 | | 632.36 | .330 | 4147.51 | | 208.91 |
| ADMINISTRATIVE DAYS | 0 | 0 | | .00 | | .00 | .000 | .00 | | .00 |
| TRANSITIONAL IP CARE | 0 | 0 | | .00 | | .00 | .000 | .00 | | .00 |
| ALL OTHER ACCOM | 34 | 223 | | 141,015.29 | | 632.36 | .330 | 4147.51 | | 208.91 |
| ANCILLARIES | 34 | 0 | | 265,508.63 | | .00 | .000 | 7809.08 | | 393.35 |
| INPATIENT CROSSOVERS | 14 | 0 | | 8,787.82 | | .00 | .000 | 627.70 | | 13.02 |
| ALL OTHER INPATIENT | 0 | 0 | | .00 | | .00 | .000 | .00 | | .00 |
| | | | | | | | | | | |

| COMM HOSP OUTPATIENT TOTAL | 172 | 873 | | 22,223.84 | | 25.46 | 1.293 | | 129.21 | | 32.92 |
|------------------------------|------------------------|------------|--------|--------------------|------|------------|-----------|-----|---------|----|-----------|
| MEDICAL | 41 | 120 | | 4,313.16 | | 35.94 | .178 | | 105.20 | | 6.39 |
| SURGERY | 12 | 14 | | 649.26 | | 46.38 | .021 | | 54.11 | | .96 |
| PATHOLOGY | 40 | 155 | | 1,828.64 | | 11.80 | .230 | | 45.72 | | 2.71 |
| RADIOLOGY | 30 | 57 | | 3,502.90 | | 61.45 | .084 | | 116.76 | | 5.19 |
| ROOM USE | 28 | 35 | | 1,393.12 | | 39.80 | .052 | | 49.75 | | 2.06 |
| CROSSOVERS/ALL OTH OUTPTNT | 123 | 492 | | 10,536.76 | | 21.42 | .729 | | 85.66 | | 15.61 |
| @STATE HOSPITAL | 0 | 0 | \$ | .00 | \$ | .00 | .000 | \$ | .00 | \$ | .00 |
| MENTALLY ILL | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| DEVELOP. DISABLED | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| @NURSING FACILITY | 33 | 929 | \$ | 95,250.23 | \$ | 102.53 | 1.376 | \$ | 2886.37 | \$ | 141.11 |
| LEV A-INTERMEDIATE | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| LEV B-REHAB MD | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| LEV B-SUBACUTE FREESTANDING | 1 | 5 | | 1,794.25 | | 358.85 | .007 | | 1794.25 | | 2.66 |
| LEV B-SUBACUTE HSPTL BASED | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| LEV B-TRANSITIONAL IP CARE | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| LEV B-REGULAR | 32 | 924 | | 93,455.98 | | 101.14 | 1.369 | | 2920.50 | | 138.45 |
| @INTERMEDIATE CARE FACILDD | 0 | 0 | \$ | .00 | \$ | .00 | .000 | \$ | .00 | \$ | .00 |
| ICF DDH | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| ICF DD | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| ICF DDN/DDCN | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| @HEMODIALYSIS TOTAL | 14 | 92 | \$ | 9,871.84 | \$ | 107.30 | .136 | \$ | 705.13 | \$ | 14.62 |
| HOSPITAL BASED | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| HEMODIALYSIS CENTER | 14 | 92 | | 9,871.84 | | 107.30 | .136 | | 705.13 | | 14.62 |
| @REHABILITATION FACILITY | 3 | 30 | \$ | 744.74 | \$ | 24.82 | .044 | \$ | 248.25 | \$ | 1.10 |
| HOSPITAL BASED | 3 | 30 | | 744.74 | | 24.82 | .044 | | 248.25 | | 1.10 |
| INDEPENDENT FACILITY | 3 0 32 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| @LABORATORY FACILITY | 32 | 251 | \$ | 5,825.20 | \$ | 23.21 | .372 | \$ | 182.04 | \$ | 8.63 |
| PATHOLOGY | 30 | 249 | | 5,820.36 | | 23.37 | .369 | | 194.01 | | 8.62 |
| XO AND OTHERS | 2 | 2 | | 4.84 | | 2.42 | .003 | | 2.42 | | .01 |
| @ORGANIZED OUTPATIENT CLINIC | 221 | 396 | \$ | 31,165.82 | \$ | 78.70 | .587 | \$ | 141.02 | \$ | 46.17 |
| CLINIC | 0 | 1CR | | 464.42CR | 2 | 464.42 | .001C | R | .00 | | .69CR |
| SURGICENTER | 1 | 1 | | 75.00 | | 75.00 | .001 | | 75.00 | | .11 |
| HEROIN DETOX CLINIC | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| RURAL HEALTH CLINIC | 221 | 396 | | 31,555.24 | | 79.68 | .587 | | 142.78 | | 46.75 |
| #CALIF DEPT OF HEALTH SERV | MEDI-CAL SERVICES AND | EXPENDITUF | RES M | ONTH-OF-PAYMENT RE | POR' | T FOR JAN | 2004 THRU | DEC | 2004 | PI | AGE 1,084 |
| MOP024 | FEE-FOR-SERVICE/DENTAL | | | | | | | | | | 03/14/05 |
| BUTTE COUNTY | SUMMARY OF SERVICES FO | R MN - SC |)C - 1 | DISABLED AID C | ODE | s 65 67 6W | 6Y | | | | |

----- MONTHLY AVERAGE -----USERS EXPENDITURES 675 ELIGIBLES UNITS OF SERVICE AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER 1,368 \$ 48,380.47 \$ 35.37 2.027 \$ 343.12 \$ 71.67 @ALL OTHER PROVIDERS 141 33 3,519.49 106.65 234.63 DURABLE MED. EQUIP. 15 .049 5.21 .00 0 .00 BLOOD BANK 0 .00 .000 .00 HEARING AID DISPENSERS 0 0 .00 .00 .000 .00 5,798.54 144.96 MEDICAL TRANSPORTATION 40 311 18.64 .461 8.59 AMBULANCES/AIR TRANS 27 125 3,396.30 27.17 .185 125.79 5.69 1350.00 16.22 .00 14 185 1,052.24 75.16 OTHER TRANS 5.69 .274 1.56 1350.00 OTHER SERVICES 1 1 1,350.00 .001 1350.00 2.00 32.44 32.44 .05 ACUPUNCTURE .003 .00 0 .00 ADULT DAY HEALTH CARE CTR 0 .000 .00 .00 .00 GENETIC DISEASE TESTING Ω 0 .000 .00 28,894.15 IHMC, MODEL-NF, NF, AIDS, MSSP 221 130.74 .327 515.97 42.81 OCCUPATIONAL THERAPIST 0 0 .00 .00 .00 .00 .000 25 258.04 10.32 .037 23.46 OPTICIAN 11 .38 PHYSICAL THERAPIST 0 .00 .00 .000 .00 .00

| PORTABLE X-RAY | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
|------------------------------------|------------------|----------------|----|---|-------------|-------|--------------|-------------|
| PROSTHETIST/ORTHOTISTS | 1 | 1 | | .00 | .00 | .001 | .00 | .00 |
| PROSTHETICS | 1 | 1 | | .00 | .00 | .001 | .00 | .00 |
| ORTHOTICS | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| PSYCHOLOGIST | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| SPEECH AND AUDIOLOGY | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| HOSPICE SERVICES | 2 | 76 | | 8,866.45 | 116.66 | .113 | 4433.23 | 13.14 |
| NONINST BIRTHING CENTERS | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| LOCAL EDUCATION AGENCIES | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| EPSDT SUPPLEMENTAL SERVICE | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| RESPIRATORY CARE PRACT. | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| PED SUBACUTE REHAB/WEANING | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER PROVIDERS | 21 | 699 | | 1,011.36 | 1.45 | 1.036 | 48.16 | 1.50 |
| @CALIF. CHILDREN SERVICES* | 0 | 0 | \$ | .00 | \$.00 | .000 | \$.00 | \$.00 |
| @XOVER EXCLUDING STATE HOSP** | 205 | 1,027 | \$ | 29,545.89 | \$ 28.77 | 1.521 | \$ 144.13 | \$ 43.77 |
| O+ MOMATO TAL MUDOD TINDO ADD CITY | DN 70 7 ODD3D3DD | TATHODAGAMTOAT | T | O 3 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 | | | | |

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 1,085 MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05 BUTTE COUNTY SUMMARY OF SERVICES FOR MN - SOC - FAMILIES AID CODE 5R 6R 37

| BOILE COOMIL | DOINGING OF DELIC | VIOLO IOIC IIIV D | 00 | TIMITHED THE CODE | 010 010 07 | | | | |
|-----------------------|-------------------|-------------------|-----------------|-------------------|--------------|------------|----------|------------|--|
| | | | MONTHLY AVERAGE | | | | | | |
| 760 ELIGIBLES | USERS | UNITS OF SERVIC | E | EXPENDITURES | AVERAGE COST | UNITS/DAYS | COST PER | COST PER | |
| | | OR DAYS OF CAR | E | | PER UNIT/DAY | PER ELIG | USER | ELIGIBLE | |
| @TOTAL, ALL PROVIDERS | 997 | 7,479 | \$ | 1,041,909.90 | \$ 139.31 | 9.841 \$ | 1045.05 | \$ 1370.93 | |
| @PHYSICIANS SERVICES | 399 | 1,673 | \$ | 81,741.82 | \$ 48.86 | 2.201 \$ | 204.87 | \$ 107.56 | |
| OUTPATIENT VISITS | 132 | 167 | | 7,305.96 | 43.75 | .220 | 55.35 | 9.61 | |
| OFFICE VISITS | 82 | 112 | | 3,676.23 | 32.82 | .147 | 44.83 | 4.84 | |
| HOME VISITS | 0 | 0 | | .00 | .00 | .000 | .00 | .00 | |
| EMERGENCY ROOM | 47 | 51 | | 3,345.26 | 65.59 | .067 | 71.18 | 4.40 | |
| PREVENTIVE CARE | 0 | 0 | | .00 | .00 | .000 | .00 | .00 | |
| OB VISITS/COMPRE PERI | 2 | 2 | | 237.83 | 118.92 | .003 | 118.92 | .31 | |
| | | | | | | | | | |

| OMILED OLIMPAMIENIM | 2 | 2 | | 46.64 | | 23.32 | .003 | | 23.32 | | .06 |
|--|---------------------|----------------|------|----------------------|--------|--------------------------------|--------------|-----|-----------------|----|------------|
| OTHER OUTPATIENT | 2 54 53 | 384 | | 16,678.94 | | | | | | | 21.95 |
| INPATIENT VISITS | 54 | | | 14,284.74 | | 43.43 | .467 | | 308.87 | | 18.80 |
| HOSPITAL VISITS | 53 | 355 | | | | | | | 269.52 | | |
| CRITICAL CARE SNF/ICF/TRANS IP CARE OPHTHALMOLOGICAL SERVICES EXAMINATIONS SERVICES AND MATERIALS INPATIENT HOSPITAL SURGERY | / | 17 | | 1,877.20 | | 110.42 | .022 | | 268.17 | | 2.47 |
| SNF/ICF/TRANS IP CARE | 4 | 12 | | 517.00 | | 43.08 | .016 | | 129.25 | | .68 |
| OPHTHALMOLOGICAL SERVICES | 8 | 8 | | 330.67 | | 41.33 | .011 | | 41.33 | | . 44 |
| EXAMINATIONS | 8 | 8 | | 330.67 | | 41.33 | .011 | | 41.33 | | . 44 |
| SERVICES AND MATERIALS | 0 | | | .00 | | .00 | | | .00 | | .00 |
| INPATIENT HOSPITAL SURGERY | 43 | 261 | | .00 22,676.45 | | 86.88 | | | 527.36 | | 29.84 |
| DRINCIDAL SURCEON | 3.1 | 66 5 190 | | 19,384.1/ | | 293.70 | .087 | | 625.30 | | 25.51 |
| ASSISTANT SURGEON | 5 | 5 | | 552.00 | | 110.40 | | | 110.40 | | .73 |
| ANESTHESIOLOGIST | 14 | | | 2,740.28 | | 14.42 | | | 195.73 | | 3.61 |
| OUTPATIENT SURGERY | 63 | 216 | | 15,459.76 | | 71.57 | | | 245.39 | | 20.34 |
| PRINCIPAL SURGEON | 51 | 63 | | 12,484.97 | | 198.17 | | | 244.80 | | 16.43 |
| ASSISTANT SURGEON | 2 | 2 | | 345.49 | | 172.75 | | | 172.75 | | .45 |
| ANESTHESIOLOGIST | 17 | 151 | | 2,629.30 | | 17.41 | .199 | | 154.66 | | 3.46 |
| DIALYSIS | 3 | 23 | | 1,732.04 | | 75.31 | .030 | | 577.35 | | 2.28 |
| PATHOLOGY | 18 | 23 47 | | 1,732.04 1,346.10 | | 28.64 | .062 | | 577.35 74.78 | | 1.77 |
| ASSISTANT SURGEON ANESTHESIOLOGIST OUTPATIENT SURGERY PRINCIPAL SURGEON ASSISTANT SURGEON ANESTHESIOLOGIST DIALYSIS PATHOLOGY RADIOLOGY | 183 | 436 | | 11,649.53 | | | .574 | | 63.66 | | 15.33 |
| PSYCHIATRY | 0 | 0 17 | | .00 | | .00 | .000 | | .00 | | .00 |
| IMMUNIZATION AND INJECTION | 10 | 17 | | 281.88 | | 16.58 | .000 .022 | | 28.19 | | .37 |
| OTHER SERVICES/ALL X-OVERS | | 114 | | 4,280.49 | | 37.55 | .150 | | 65.85 | | 5.63 |
| OTHER SERVICES/ALL X-OVERS @PHARMACY PRESCRIPTION DRUGS SNF/ICF OUTPATIENTS MEDICAL SUPPLIES @DENTIST VISITS - DIAGNOSTIC ORAL SURGERY DRUGS ANESTHESIA PERIODONTICS ENDODONTICS BESTORATIVE DENTISTRY | 293 | 1,058 | \$ | 106,837.33 | \$ | | 1.392 | | | \$ | 140.58 |
| PRESCRIPTION DRUGS | 291 | 994 | • | 106,259.23 | | | 1.308 | | 365.15 | | 139.81 |
| SNF/ICF | 6 | 62 | | 5,520.96 | | 89.05 | .082 | | 920.16 | | 7.26 |
| OUTPATIENTS | 286 | 932 | | | | | | | | | 132.55 |
| MEDICAL SUPPLIES | 11 | 64 | | 100,738.27 578.10 | | 9.03 | .084 | | 352.23 52.55 | | .76 |
| @DENTIST | 81 | 443 | Ś | 13,542.49 | Ś | 30.57 | .583 | Ċ | 167 10 | Ċ | |
| VISITS - DIAGNOSTIC | 62 | 231 | | 2,091.75 | | | | 7 | 33.74 | т. | 2.75 |
| ORAL SURGERY | 17 | 47 | | 2,117.75 | | 45.06 | .062 | | 124.57 | | 2.79 |
| DRIGS | 1 | 1 | | | | | | | .00 | | .00 |
| ANESTHESTA | 0 | 0 | | .00 | | 00 | .000 | | | | .00 |
| PERIODONTICS | 2 | 0 2 21 | | 236.00 | | .00 .00 118.00 101.05 | .003 | | .00 118.00 | | .31 |
| ENDODONTICS | 13 | 21 | | 2,122.00 | | 101.05 | .028 | | 163.23 | | 2.79 |
| RESTORATIVE DENTISTRY | 34 | 124 | | 6,220.99 | | 50.17 | .163 | | 182.97 | | 8.19 |
| TEDIOTETT DENTISTE | J 1 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| PROSTHETICS DENTURES, STAYPLATES SPACE MAINTAINERS MAXILLOFACIAL SERVICES FRACTURES, DISLOCATIONS | 2 | 6 | | 719.00 | | 119.83 | .008 | | 359.50 | | .95 |
| CDACE MATNERATINEDS | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| MAYTIOFACTAL CEDUTOEC | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| FDACHIDEC DICIOCATIONS | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| | 2 | 2 | | 35.00 | | 17.50 | .003 | | 17.50 | | .05 |
| ORTHODONTIC SERVICES ALL OTHER SERVICES | 3 | 9 | | .00 | | .00 | .003 | | .00 | | .00 |
| #CALIF DEPT OF HEALTH SERV | | | יחתו | | ים מחי | | | DEC | | T. | |
| | | | NKES | MONIH-OF-PAIMENT RE | FLOK. | I FOR JAN | ZUU4 THKU | DFC | 2004 | Ρ. | PAGE 1,086 |
| MOP024 | FEE-FOR-SERVICE/DEN | | 100 | | - F | CD 27 | | | | | 03/14/05 |

MOP024 FEE-FOR-SERVICE/DENTAL
BUTTE COUNTY SUMMARY OF SERVICES FOR MN - SOC - FAMILIES AID CODE 5R 6R 37

760 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE @OPTOMETRIST 61 \$ 1,361.80 \$ 22.32 .080 \$ 61.90 \$ 1.79 16 686.16 42.89 .021 42.89 .90 DIAGNOSTIC AND ANC. PROCED 16 EYE APPLIANCES 16 45 675.64 15.01 .059 42.23 .89 OTHER OPTOMETRIC SERVICES Ω 0 .00 .00 .000 .00 .00 7 133.76 \$ 14.86 .012 \$ @CHIROPRACTOR 19.11 \$.18 133.76 VISITS 7 9 14.86 .012 19.11 .18 OTHER SERVICES 0 0 .00 .00 .000 .00 .00 .00 \$ @PODIATRIST .00 \$.00 .000 \$.00

----- MONTHLY AVERAGE -----

| MEDICINE/INJECTIONS | 0 | 0 | .00 | .00 | .000 | .00 | | .00 |
|------------------------------|-----------------|------------------------|---------------------|-----------------|-------------|-------------|----|-----------|
| SURGERY/ANES. | 0 | 0 | .00 | .00 | .000 | .00 | | .00 |
| RADIO./PATHOLOGY | 0 | 0 | .00 | .00 | .000 | .00 | | .00 |
| OTHER | 0 | 0 | .00 | .00 | .000 | .00 | | .00 |
| @HOME HEALTH AGENCY | 6 | 30 \$ | 2,108.82 | \$ 70.29 | | \$ 351.47 | Ś | 2.77 |
| NURSE ANESTHESIST | 4 | 40 \$ | 541.99 | \$ 13.55 | | \$ 135.50 | \$ | .71 |
| NURSE MIDWIFE | 2 | 6 \$ | 342.92 | \$ 57.15 | | \$ 171.46 | \$ | .45 |
| | 0 | 0 \$ | .00 | \$.00 | | \$.00 | \$ | .00 |
| PEDIATRIC NURSE PRACTITIONER | 0 | 0 \$ | .00 | \$.00 | | | | .00 |
| FAMILY NURSE PRACTITIONER | 363 | | | | | | \$ | |
| @TOTAL HOSPITAL | | -/ | 721,213.89 | \$ 313.16 | | \$ 1986.82 | Þ | 948.97 |
| HOSP INPATIENT TOTAL | 46 | 311 | 663,899.41 | 2134.72 | .409 | 14432.60 | | 873.55 |
| HSC HOSPITALS | 6 | 86 | 107,175.00 | 1246.22 | .113 | 17862.50 | | 141.02 |
| NON-HSC HOSPITAL TOTAL | 40 | 225 | 556,724.41 | 2474.33 | .296 | 13918.11 | | 732.53 |
| ACCOMMODATIONS | 40 | 225 | 166,320.89 | 739.20 | .296 | 4158.02 | | 218.84 |
| ADMINISTRATIVE DAYS | 0 | 0 | .00 | .00 | .000 | .00 | | .00 |
| TRANSITIONAL IP CARE | 0 | 0 | .00 | .00 | .000 | .00 | | .00 |
| ALL OTHER ACCOM | 40 | 225 | 166,320.89 | 739.20 | .296 | 4158.02 | | 218.84 |
| ANCILLARIES | 40 | 0 | 390,403.52 | .00 | .000 | 9760.09 | | 513.69 |
| INPATIENT CROSSOVERS | 0 | 0 | .00 | .00 | .000 | .00 | | .00 |
| ALL OTHER INPATIENT | 0 | 0 | .00 | .00 | .000 | .00 | | .00 |
| HOSP OUTPATIENT TOTAL | 338 | 1,992 | 57,314.48 | 28.77 | 2.621 | 169.57 | | 75.41 |
| MEDICAL | 182 | 360 | 13,957.37 | 38.77 | .474 | 76.69 | | 18.36 |
| SURGERY | 57 | 62 | 3,200.57 | 51.62 | .082 | 56.15 | | 4.21 |
| PATHOLOGY | 147 | 644 | 7,251.14 | 11.26 | .847 | 49.33 | | 9.54 |
| RADIOLOGY | 126 | 234 | 16,956.18 | 72.46 | .308 | 134.57 | | 22.31 |
| ROOM USE | 195 | 297 | 10,248.32 | 34.51 | .391 | 52.56 | | 13.48 |
| CROSSOVERS/ALL OTH OUTPINT | 136 | 395 | 5,700.90 | 14.43 | .520 | 41.92 | | 7.50 |
| @COUNTY HOSPITAL TOTAL | 2 | 69 \$ | 86,811.10 | \$ 1258.13 | | \$ 43405.55 | Ś | 114.23 |
| CO HOSPITAL INPATIENT TOTAL | 1 | 67 | 86,724.00 | 1294.39 | .088 | 86724.00 | т | 114.11 |
| HSC HOSPITALS | 1 | 67 | 86,724.00 | 1294.39 | .088 | 86724.00 | | 114.11 |
| NON-HSC HOSPITALS TOTAL | 0 | 0 | .00 | .00 | .000 | .00 | | .00 |
| ACCOMMODATIONS | 0 | 0 | .00 | .00 | .000 | .00 | | .00 |
| ADMINISTRATIVE DAYS | 0 | 0 | .00 | .00 | .000 | .00 | | .00 |
| TRANSITIONAL IP CARE | 0 | 0 | .00 | .00 | .000 | .00 | | .00 |
| | 0 | 0 | .00 | .00 | .000 | .00 | | .00 |
| ALL OTHER ACCOM | 0 | 0 | .00 | .00 | .000 | .00 | | .00 |
| ANCILLARIES | 0 | 0 | .00 | | | | | |
| INPATIENT CROSSOVERS | 0 | 0 | | .00 | .000 | .00 | | .00 |
| ALL OTHER INPATIENT | 0 | 0 | .00 | .00 | .000 | .00 | | .00 |
| CO HOSP OUTPATIENT TOTAL | 0 | 2 | 87.10 | 43.55 | .003 | 87.10 | | .11 |
| MEDICAL | 0 | 0 | .00 | .00 | .000 | .00 | | .00 |
| SURGERY | 1 | 1 | 51.41 | 51.41 | .001 | 51.41 | | .07 |
| PATHOLOGY | 0 | 0 | .00 | .00 | .000 | .00 | | .00 |
| RADIOLOGY | 0 | 0 | .00 | .00 | .000 | .00 | | .00 |
| ROOM USE | 1 | 1 | 35.69 | 35.69 | .001 | 35.69 | | .05 |
| CROSSOVERS/ALL OTH OUTPINT | 0 | 0 | .00 | .00 | .000 | .00 | | .00 |
| | | ES AND EXPENDITURES MO | ONTH-OF-PAYMENT RE | EPORT FOR JAN 2 | 2004 THRU D | EC 2004 | PA | AGE 1,087 |
| MOPU24 | FEE-FOR-SERVICE | | | | | | | 03/14/05 |
| BUTTE COUNTY | SUMMARY OF SERV | ICES FOR MN - SOC - 1 | FAMILIES AID CODE | | | | | |
| | | | | | | NTHLY AVERA | | |
| 760 ELIGIBLES | USERS | UNITS OF SERVICE | EXPENDITURES | AVERAGE COST | | | | COST PER |
| | | OR DAYS OF CARE | | PER UNIT/DAY | | USER | | ELIGIBLE |
| @COMMUNITY HOSPITAL TOTAL | 362 | 2,234 \$ | 634,402.79 | \$ 283.98 | | \$ 1752.49 | \$ | 834.74 |
| COMM HOSP INPATIENT TOTAL | 45 | 244 | 577 , 175.41 | 2365.47 | .321 | 12826.12 | | 759.44 |
| HSC HOSPITALS | 5 | 19 | 20,451.00 | 1076.37 | .025 | 4090.20 | | 26.91 |
| NON-HSC HOSPITALS TOTAL | 40 | 225 | 556 , 724.41 | 2474.33 | .296 | 13918.11 | | 732.53 |
| ACCOMMODATIONS | 40 | 225 | 166,320.89 | 739.20 | .296 | 4158.02 | | 218.84 |
| | | | | | | | | |

| | _ | _ | | | | | | | | | |
|------------------------------|------------------------|-----------|-------|---------------------|-------|---------------|--------|-----|---------|----------|-----------|
| ADMINISTRATIVE DAYS | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| TRANSITIONAL IP CARE | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| ALL OTHER ACCOM | 40 | 225 | | 166,320.89 | | 739.20 | .296 | | 4158.02 | | 218.84 |
| ANCILLARIES | 40 | 0 | | 390,403.52 | | .00 | .000 | | 9760.09 | | 513.69 |
| INPATIENT CROSSOVERS | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| ALL OTHER INPATIENT | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| COMM HOSP OUTPATIENT TOTAL | 338 | 1,990 | | 57,227.38 | | 28.76 | 2.618 | | 169.31 | | 75.30 |
| MEDICAL | 182 | 360 | | 13,957.37 | | 38.77 | .474 | | 76.69 | | 18.36 |
| SURGERY | 56 | 61 | | 3,149.16 | | 51.63 | .080 | | 56.24 | | 4.14 |
| PATHOLOGY | 147 | 644 | | 7,251.14 | | 11.26 | .847 | | 49.33 | | 9.54 |
| RADIOLOGY | 126 | 234 | | 16,956.18 | | 72.46 | .308 | | 134.57 | | 22.31 |
| ROOM USE | 194 | 296 | | 10,212.63 | | 34.50 | .389 | | 52.64 | | 13.44 |
| CROSSOVERS/ALL OTH OUTPTNT | 136 | 395 | | 5,700.90 | | 14.43 | .520 | | 41.92 | | 7.50 |
| @STATE HOSPITAL | 0 | 0 | Ś | .00 | Ś | .00 | .000 | Ś | .00 | Ś | .00 |
| MENTALLY ILL | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| DEVELOP. DISABLED | 0 | Ö | | .00 | | .00 | .000 | | .00 | | .00 |
| @NURSING FACILITY | 4 | 85 | Ś | 26,230.42 | \$ | 308.59 | .112 | Ś | 6557.61 | Ś | 34.51 |
| LEV A-INTERMEDIATE | 0 | 0 | т | .00 | τ | .00 | .000 | Τ. | .00 | Τ. | .00 |
| LEV B-REHAB MD | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| LEV B-SUBACUTE FREESTANDING | | 50 | | 18,094.00 | | 361.88 | .066 | | 9047.00 | | 23.81 |
| LEV B-SUBACUTE HSPTL BASED | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| LEV B-TRANSITIONAL IP CARE | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| LEV B-REGULAR | 2 | 35 | | 8,136.42 | | 232.47 | .046 | | 4068.21 | | 10.71 |
| @INTERMEDIATE CARE FACILDD | 2 | 0 | Ś | | Ś | .00 | .000 | Ċ | | Ċ | .00 |
| ICF DDH | 0 | 0 | ۲ | .00 | Ą | .00 | .000 | ې | .00 | ۲ | .00 |
| ICF DDH ICF DD | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| ICF DDN/DDCN | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| @HEMODIALYSIS TOTAL | 0 | 296 | ć | 12,028.79 | Ś | | | ċ | | <u>_</u> | 15.83 |
| • | 4 | ∠96 0 | Ş | | Þ | 40.64 | .389 | Ş | 3007.20 | Þ | |
| HOSPITAL BASED | 0 | • | | .00 | | .00 | .000 | | .00 | | .00 |
| HEMODIALYSIS CENTER | 4 | 296 | | 12,028.79 | | 40.64 | .389 | | 3007.20 | | 15.83 |
| @REHABILITATION FACILITY | 8 | 39 | \$ | 878.50 | Ş | 22.53 | | Ş | 109.81 | Ş | 1.16 |
| HOSPITAL BASED | 8 | 39 | | 878.50 | | 22.53 | .051 | | 109.81 | | 1.16 |
| INDEPENDENT FACILITY | 0 | 0 | _ | .00 | _ | .00 | .000 | _ | .00 | _ | .00 |
| @LABORATORY FACILITY | 61 | 188 | Ş | 4,404.52 | \$ | 23.43 | .247 | Ş | 72.21 | Ş | 5.80 |
| PATHOLOGY | 61 | 188 | | 4,404.52 | | 23.43 | .247 | | 72.21 | | 5.80 |
| XO AND OTHERS | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| @ORGANIZED OUTPATIENT CLINIC | 212 | 441 | \$ | 54,688.84 | \$ | | .580 | \$ | 257.97 | \$ | 71.96 |
| CLINIC | 5 | 9 | | 659.17 | | 73.24 | .012 | | 131.83 | | .87 |
| SURGICENTER | 7 | 46 | | 1,610.40 | | 35.01 | .061 | | 230.06 | | 2.12 |
| HEROIN DETOX CLINIC | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| RURAL HEALTH CLINIC | 206 | 386 | | 52,419.27 | | 135.80 | .508 | | 254.46 | | 68.97 |
| #CALIF DEPT OF HEALTH SERV | MEDI-CAL SERVICES AND | EXPENDITU | URES | MONTH-OF-PAYMENT RE | EPOR: | r for Jan 200 | 4 THRU | DEC | 2004 | P. | AGE 1,088 |
| MOP024 | FEE-FOR-SERVICE/DENTA | L | | | | | | | | | 03/14/05 |
| DIIMMA COINIMI | CINALIDII OF CERTIFORS | 100 101 | ~ ~ ~ | | - D | CD 27 | | | | | |

BUTTE COUNTY SUMMARY OF SERVICES FOR MN - SOC - FAMILIES AID CODE 5R 6R 37

| | | | | | MON | THLY AVERA | GE |
|------------------------|-------|------------------|--------------|--------------|------------|------------|----------|
| 760 ELIGIBLES | USERS | UNITS OF SERVICE | EXPENDITURES | AVERAGE COST | UNITS/DAYS | COST PER | COST PER |
| | | OR DAYS OF CARE | | PER UNIT/DAY | PER ELIG | USER | ELIGIBLE |
| @ALL OTHER PROVIDERS | 91 | 807 \$ | 15,854.01 | \$ 19.65 | 1.062 \$ | 174.22 | \$ 20.86 |
| DURABLE MED. EQUIP. | 9 | 13 | 1,029.90 | 79.22 | .017 | 114.43 | 1.36 |
| BLOOD BANK | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| HEARING AID DISPENSERS | 1 | 1 | 1,262.37 | 1262.37 | .001 | 1262.37 | 1.66 |
| MEDICAL TRANSPORTATION | 48 | 711 | 12,559.31 | 17.66 | .936 | 261.65 | 16.53 |
| AMBULANCES/AIR TRANS | 44 | 379 | 6,974.80 | 18.40 | .499 | 158.52 | 9.18 |
| OTHER TRANS | 4 | 329 | 1,021.01 | 3.10 | .433 | 255.25 | 1.34 |
| OTHER SERVICES | 3 | 3 | 4,563.50 | 1521.17 | .004 | 1521.17 | 6.00 |
| ACUPUNCTURE | 3 | 8 | 129.76 | 16.22 | .011 | 43.25 | .17 |
| | | | | | | | |

| ADULT DAY HEALTH CARE CTR | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
|--------------------------------|----|----|--------------------------|--------------|------|------------|-------------|
| GENETIC DISEASE TESTING | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| IHMC, MODEL-NF, NF, AIDS, MSSP | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OCCUPATIONAL THERAPIST | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OPTICIAN | 17 | 38 | 406.76 | 10.70 | .050 | 23.93 | .54 |
| PHYSICAL THERAPIST | 1 | 3 | 62.89 | 20.96 | .004 | 62.89 | .08 |
| PORTABLE X-RAY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PROSTHETIST/ORTHOTISTS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PROSTHETICS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ORTHOTICS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PSYCHOLOGIST | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| SPEECH AND AUDIOLOGY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| HOSPICE SERVICES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| NONINST BIRTHING CENTERS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| LOCAL EDUCATION AGENCIES | 13 | 33 | 403.02 | 12.21 | .043 | 31.00 | .53 |
| EPSDT SUPPLEMENTAL SERVICE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| RESPIRATORY CARE PRACT. | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PED SUBACUTE REHAB/WEANING | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER PROVIDERS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| @CALIF. CHILDREN SERVICES* | 10 | 93 | \$ 47 , 800.78 | \$ 513.99 | .122 | \$ 4780.08 | \$ 62.90 |
| @XOVER EXCLUDING STATE HOSP** | 4 | 10 | \$ 1,947.45 | \$ 194.75 | .013 | \$ 486.86 | \$ 2.56 |

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 1,089
MOP024 FEE-FOR-SERVICE/DENTAL
BUTTE COUNTY SUMMARY OF SERVICES FOR MN - SOC - TOTAL

----- MONTHLY AVERAGE -----1,861 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE 2,555 16.216 \$ 1165.66 \$ 1600.35 @TOTAL, ALL PROVIDERS 30,178 2,978,256.09 \$ 98.69 752 @PHYSICIANS SERVICES 3,333 135,621.56 40.69 1.791 \$ 180.35 \$ OUTPATIENT VISITS 167 212 8,927.45 42.11 .114 53.46 4.80 OFFICE VISITS 111 150 4,983.93 33.23 .081 44.90 2.68 0 0 .00 .000 .00 HOME VISITS .00 .00 EMERGENCY ROOM 51 55 3,610.89 65.65 .030 70.80 1.94 .00 PREVENTIVE CARE 0 0 .00 .00 .000 .00 237.83 118.92 .001 118.92 OB VISITS/COMPRE PERI .13 OTHER OUTPATIENT 5 94.80 18.96 .003 18.96 .05 INPATIENT VISITS 649 25,624.73 39.48 .349 261.48 13.77 93 598 36.36 .321 233.78 HOSPITAL VISITS 21,741.83 10 CRITICAL CARE 28 2,964.00 105.86 .015 296.40 1.59 SNF/ICF/TRANS IP CARE 9 23 918.90 39.95 .012 102.10 .49 38.88 46.65 OPHTHALMOLOGICAL SERVICES 15 18 699.79 .010 EXAMINATIONS 15 18 699.79 38.88 .010 46.65 .38 .00 SERVICES AND MATERIALS Ω 0 .00 .00 .000 .00 394 35,191.96 89.32 .212 INPATIENT HOSPITAL SURGERY 533.21 18.91 572.61 53 100 30,348.50 303.49 .054 16.31 PRINCIPAL SURGEON 7 963.39 137.63 137.63 ASSISTANT SURGEON .004 18 13.52 ANESTHESIOLOGIST 287 3,880.07 .154 215.56 2.08 76 253 277.27 OUTPATIENT SURGERY 21,072.52 83.29 .136 11.32 76 17,677.76 232.60 285.13 PRINCIPAL SURGEON .041 9.50 3 146.06 .002 146.06 ASSISTANT SURGEON 438.19 .24 20 174 ANESTHESIOLOGIST 2,956.57 16.99 .093 147.83 1.59 11 DIALYSIS 51 5,002.76 98.09 .027 454.80 2.69 PATHOLOGY 1,631.42 29.66 .030 67.98 .88

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

| RADIOLOGY | 247 | 615 | 15,875.46 | 5 | 25.81 | .330 | 64.27 | | 8.53 |
|----------------------------|-----------------|--------------------|--------------------|--------|------------|-------------|--------------|-------|----------|
| PSYCHIATRY | 0 | 0 | 13,073.40 | | .00 | .000 | .00 | | .00 |
| IMMUNIZATION AND INJECTION | 12 | 38 | 7,322.46 | | 192.70 | .020 | 610.21 | | 3.93 |
| OTHER SERVICES/ALL X-OVERS | 297 | 1,048 | 14,273.01 | | 13.62 | .563 | 48.06 | | 7.67 |
| @PHARMACY | 1,162 | | \$ 842,669.93 | | 128.63 | 3.520 | | Ċ | 452.80 |
| PRESCRIPTION DRUGS | 1,162 | 5,543 | 837,670.13 | | 151.12 | 2.979 | 728.41 | Ų | 450.12 |
| SNF/ICF | 109 | 951 | 49,203.11 | | 51.74 | .511 | 451.40 | | 26.44 |
| OUTPATIENTS | 1,045 | 4,592 | 788,467.02 | | 171.70 | 2.467 | 754.51 | | 423.68 |
| MEDICAL SUPPLIES | 1,045 78 | • | • | | | | | | |
| | | 1,008 | 4,999.80 | | 4.96 | .542 | 64.10 | Ċ | 2.69 |
| @DENTIST | 188 | 868 | \$ 24,666.49 | | 28.42 | .466 | | Þ | 13.25 |
| VISITS - DIAGNOSTIC | 127 | 423 | 3,807.75 | | 9.00 | .227 | 29.98 | | 2.05 |
| ORAL SURGERY | 31 | 112 | 4,994.75 | | 44.60 | .060 | 161.12 | | 2.68 |
| DRUGS | Ţ | 1 | .00 | | .00 | .001 | .00 | | .00 |
| ANESTHESIA | 0 | 0 | .00 | | .00 | .000 | .00 | | .00 |
| PERIODONTICS | 5 | 5 | 590.00 | | 118.00 | .003 | 118.00 | | .32 |
| ENDODONTICS | 24 | 37 | 3,076.00 | | 83.14 | .020 | 128.17 | | 1.65 |
| RESTORATIVE DENTISTRY | 71 | 216 | 8,357.99 | | 38.69 | .116 | 117.72 | | 4.49 |
| PROSTHETICS | 1 | 1 | .00 | | .00 | .001 | .00 | | .00 |
| DENTURES, STAYPLATES | 19 | 53 | 3,805.00 | | 71.79 | .028 | 200.26 | | 2.04 |
| SPACE MAINTAINERS | 0 | 0 | .00 | | .00 | .000 | .00 | | .00 |
| MAXILLOFACIAL SERVICES | 0 | 0 | .00 | | .00 | .000 | .00 | | .00 |
| FRACTURES, DISLOCATIONS | 0 | 0 | .00 |) | .00 | .000 | .00 | | .00 |
| ORTHODONTIC SERVICES | 2 | 2 | 35.00 |) | 17.50 | .001 | 17.50 | | .02 |
| ALL OTHER SERVICES | 8 | 18 | .00 |) | .00 | .010 | .00 | | .00 |
| #CALIF DEPT OF HEALTH SERV | MEDI-CAL SERVIC | ES AND EXPENDITURE | S MONTH-OF-PAYMENT | REPORT | r for jan | 2004 THRU 1 | DEC 2004 | PA | GE 1,090 |
| MOP024 | FEE-FOR-SERVICE | /DENTAL | | | | | | | 03/14/05 |
| BUTTE COUNTY | SUMMARY OF SERV | ICES FOR MN - SOC | C - TOTAL | | | | | | |
| | | | | | | MO | ONTHLY AVERA | .GE - | |
| 1,861 ELIGIBLES | USERS | UNITS OF SERVICE | EXPENDITURES | S AVI | ERAGE COST | UNITS/DAYS | S COST PER | С | OST PER |
| | | OR DAYS OF CARE | | PEI | R UNIT/DAY | PER ELIG | USER | E | LIGIBLE |
| @OPTOMETRIST | 45 | 122 | \$ 2,503.42 | 2 \$ | 20.52 | .066 | \$ 55.63 | \$ | 1.35 |
| DIAGNOSTIC AND ANC. PROCED | 23 | 24 | 1,002.29 | | 41.76 | .013 | 43.58 | | .54 |
| | | | , | | | | | | |

| | | | | | _ | | | | | |
|------------------------------|------------------------|----------|-------|-------------------|-------|------------|-----------|----------------|------|-----------|
| EYE APPLIANCES | 36 | 96 | | 1,451.82 | | 15.12 | .052 | | | .78 |
| OTHER OPTOMETRIC SERVICES | 2 | 2 | | 49.33 | | 24.66 | .001 | 24.66 | | .03 |
| @CHIROPRACTOR | 7 | 9 | \$ | 133.7 | 6 \$ | 14.86 | .005 | | \$ | .07 |
| VISITS | 7 | 9 | | 133.70 | 6 | 14.86 | .005 | 19.11 | | .07 |
| OTHER SERVICES | 0 | 0 | | .00 | 0 | .00 | .000 | .00 | | .00 |
| @PODIATRIST | 20 | 45 | \$ | 245.03 | 1 \$ | 5.44 | .024 | \$ 12.25 | \$ | .13 |
| MEDICINE/INJECTIONS | 0 | 0 | | .00 | 0 | .00 | .000 | .00 | | .00 |
| SURGERY/ANES. | 0 | 0 | | .00 | | .00 | .000 | .00 | | .00 |
| RADIO./PATHOLOGY | 0 | 0 | | .00 | | .00 | .000 | | | .00 |
| OTHER | 20 | 45 | | 245.03 | | 5.44 | .024 | 12.25 | | .13 |
| @HOME HEALTH AGENCY | 18 | 137 | \$ | 8,983.9 | | | .074 | | Ġ | 4.83 |
| NURSE ANESTHESIST | 7 | 80 | \$ | 987.82 | | | .043 | | \$ | .53 |
| | 2 | 6 | \$ | 342.92 | | | | | | |
| NURSE MIDWIFE | | | | | | | .003 | \$ 171.46 | \$ | .18 |
| PEDIATRIC NURSE PRACTITIONER | | 0 | \$ | .00 | | | .000 | | \$ | .00 |
| FAMILY NURSE PRACTITIONER | 0 | 0 | \$ | .00 | | | .000 | | | .00 |
| @TOTAL HOSPITAL | 678 | 3,811 | \$ | 1,362,219.32 | | 357.44 | 2.048 | | Ş | 731.98 |
| HOSP INPATIENT TOTAL | 119 | 574 | | 1,272,240.13 | | 2216.45 | .308 | 10691.09 | | 683.63 |
| HSC HOSPITALS | 6 | 86 | | 107,175.00 | 0 | 1246.22 | .046 | | | 57.59 |
| NON-HSC HOSPITAL TOTAL | 76 | 488 | | 1,131,248.9 | 4 | 2318.13 | .262 | 14884.85 | | 607.87 |
| ACCOMMODATIONS | 76 | 488 | | 335,319.28 | 8 | 687.13 | .262 | 4412.10 | | 180.18 |
| ADMINISTRATIVE DAYS | 0 | 0 | | .00 | 0 | .00 | .000 | .00 | | .00 |
| TRANSITIONAL IP CARE | 0 | 0 | | .00 | 0 | .00 | .000 | .00 | | .00 |
| ALL OTHER ACCOM | 76 | 488 | | 335,319.28 | | 687.13 | .262 | | | 180.18 |
| ANCILLARIES | 76 | 0 | | 795,929.60 | | .00 | .000 | | | 427.69 |
| INPATIENT CROSSOVERS | 38 | 0 | | 33,816.1 | | .00 | .000 | 889.90 | | 18.17 |
| ALL OTHER INPATIENT | 0 | 0 | | .00 | | .00 | .000 | | | .00 |
| HOSP OUTPATIENT TOTAL | 605 | - | | 89 , 979.2 | | 27.80 | 1.739 | | | 48.35 |
| | | 3,237 | | | | | | | | |
| MEDICAL | 232 | 494 | | 19,519.9 | | 39.51 | .265 | 84.14 | | 10.49 |
| SURGERY | 73 | 81 | | 4,783.22 | | 59.05 | .044 | | | 2.57 |
| PATHOLOGY | 201 | 843 | | 9,485.3 | | 11.25 | .453 | | | 5.10 |
| RADIOLOGY | 161 | 298 | | 21,348.4 | | 71.64 | .160 | | | 11.47 |
| ROOM USE | 233 | 346 | | 12,689.9 | | 36.68 | .186 | | | 6.82 |
| CROSSOVERS/ALL OTH OUTPTNT | 342 | 1,175 | | 22,152.2 | | 18.85 | .631 | 64.77 | | 11.90 |
| @COUNTY HOSPITAL TOTAL | 2 | 69 | \$ | 86,811.10 | 0 \$ | 1258.13 | .037 | \$ 43405.55 | \$ | 46.65 |
| CO HOSPITAL INPATIENT TOTAL | 1 | 67 | | 86,724.00 | 0 | 1294.39 | .036 | 86724.00 | | 46.60 |
| HSC HOSPITALS | 1 | 67 | | 86,724.00 | 0 | 1294.39 | .036 | 86724.00 | | 46.60 |
| NON-HSC HOSPITALS TOTAL | 0 | 0 | | .00 | 0 | .00 | .000 | .00 | | .00 |
| ACCOMMODATIONS | 0 | 0 | | .00 | 0 | .00 | .000 | .00 | | .00 |
| ADMINISTRATIVE DAYS | 0 | 0 | | .00 | | .00 | .000 | | | .00 |
| TRANSITIONAL IP CARE | 0 | Ö | | .00 | | .00 | .000 | | | .00 |
| ALL OTHER ACCOM | 0 | 0 | | .00 | | .00 | .000 | | | .00 |
| ANCILLARIES | 0 | 0 | | .00 | | .00 | .000 | | | .00 |
| INPATIENT CROSSOVERS | 0 | 0 | | .00 | | .00 | .000 | | | .00 |
| | 0 | 0 | | | | | | | | .00 |
| ALL OTHER INPATIENT | 0 | 2 | | .00 | | .00 | .000 | | | |
| CO HOSP OUTPATIENT TOTAL | 1 | | | 87.10 | | 43.55 | .001 | 87.10 | | .05 |
| MEDICAL | 0 | 0 | | .00 | | .00 | .000 | .00 | | .00 |
| SURGERY | 1 | 1 | | 51.43 | 1 | 51.41 | .001 | 51.41 | | .03 |
| PATHOLOGY | 0 | 0 | | .00 | 0 | .00 | .000 | .00 | | .00 |
| RADIOLOGY | 0 | 0 | | .00 | | .00 | .000 | | | .00 |
| ROOM USE | 1 | 1 | | 35.69 | 9 | 35.69 | .001 | 35.69 | | .02 |
| CROSSOVERS/ALL OTH OUTPINT | 0 | 0 | | .00 | 0 | .00 | .000 | .00 | | .00 |
| #CALIF DEPT OF HEALTH SERV | MEDI-CAL SERVICES AND | EXPENDIT | URES | MONTH-OF-PAYMENT | REPO: | RT FOR JAN | 2004 THRU | DEC 2004 | PA | AGE 1,091 |
| MOP024 | FEE-FOR-SERVICE/DENTA | L | | | | | | | | 03/14/05 |
| BUTTE COUNTY | SUMMARY OF SERVICES FO | | SOC - | - TOTAL | | | | | | -, ,,- |
| | | | | * | | | | MONTHIV ATTEDA | CE - | |

| | | OR DAYS OF CARE | | | DE | R UNIT/DAY | סקס קודר | | USER | | ELIGIBLE |
|--|-------------------------|---|----------|--------------------------|----------|---|-----------|----------|-----------------|----------|-----------|
| @COMMUNITY HOSPITAL TOTAL | 677 | 3,742 | \$ | 1,275,408.22 | 2 \$ | | | | 1883.91 | | |
| COMM HOSP INPATIENT TOTAL | | 507 | -1 | 1,185,516.11 | | | .272 | | 10046.75 | 4 | 637.03 |
| COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL | 5 | 19 | | 20,451.00 |) | 2338.30 1076.37 | .010 | | 4090.20 | | 10.99 |
| NON-HSC HOSPITALS TOTAL | 76 | 488 | | 1,131,248.94 | 1 | 2318.13 | .262 | | 14884.85 | | 607.87 |
| ACCOMMODATIONS | 76 | 488 488 0 0 488 | | 335,319.28 | 3 | 2318.13 687.13 | .262 | | 4412.10 | | 180.18 |
| | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| TRANSITIONAL IP CARE | 0 | 0 | | 0.0 | | | .000 | | .00 | | .00 |
| ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM | 76 | 488 | | 335,319.28 | 3 | .00 687.13 | .262 | | 4412.10 | | 180.18 |
| ANCILLARIES | 76 76 38 | 0 | | 795,929.66 | 5 | .00 | .000 | | 10472.76 | | 427.69 |
| INPATIENT CROSSOVERS | 2.0 | 0 | | 795,929.66 33,816.17 | 7 | .00 | .000 | | 889.90 | | 18.17 |
| ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE | 0 | 0 0 0 3,235 | | .00 89,892.11 |) | .00 | .000 | | .00 | | .00 |
| COMM HOSP OUTPATIENT TOTAL | 605 | 3,235 | | 89,892.11 | L | 27.79 39.51 | 1.738 | | 148.58 | | 48.30 |
| MEDICAL | 232 | 494 | | 19,519.97 | 7 | 39.51 | .265 | | 84.14 | | 10.49 |
| SURGERY | 72 | 80 | | 4,731.81 | L | 59.15 11.25 71.64 36.68 18.85 | .043 | | 65.72 | | 2.54 |
| PATHOLOGY | 201 | 843 | | 9,485.36 | 5 | 11.25 | .453 | | 65.72 47.19 | | 5.10 |
| RADIOLOGY | 161 | 298 | | 21,348.46 | 5 | 71.64 | .160 | | 132.60 54.54 | | 11.47 |
| ROOM USE | 232 | 345 | | 12,654.26 | 5 | 36.68 | .185 | | 54.54 | | 6.80 |
| CROSSOVERS/ALL OTH OUTPINT | 342 | 1,175 | | 22,152.25 | 5 | 18.85 | | | 64.77 | | 11.90 |
| @STATE HOSPITAL MENTALLY ILL DEVELOP. DISABLED @NURSING FACILITY LEV A-INTERMEDIATE LEV B-REHAB MD | 0 | 0 | \$ | .00 |) \$ | .00 | .000 | \$ | .00 | \$ | .00 |
| MENTALLY ILL | 0 | 0 | | .00 |) | .00 | .000 | | .00 | | .00 |
| DEVELOP. DISABLED | 0 | 0 | | .00 |) | .00 | .000 | | .00 | | .00 |
| @NURSING FACILITY | 129 | 0 2 , 994 | \$ | .00 338,268.39 |) \$ | 112.98 | 1.609 | \$ | 2622.24 | \$ | 181.77 |
| LEV A-INTERMEDIATE | 0 | 0 | | .00 |) | .00 | .000 | | .00 | | .00 |
| LEV B-REHAB MD | 0 | 0 | | .00 |) | .00 | .000 | | .00 6629.42 | | .00 |
| LEV B-SUBACUTE FREESTANDING | 3 | 55 | | 19,888.25 | 5 | 361.60 | | | | | 10.69 |
| LEV B-SUBACUTE HSPTL BASED | 2 | 17 | | 9,235.34 | 1 | 543.26 | .009 | | 4617.67 | | 4.96 |
| LEV B-TRANSITIONAL IP CARE | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| LEV B-REGULAR | 0 3 2 0 125 | 2,994 0 0 55 17 0 2,922 | | 309,144.80 | | 105.80 | 1.570 | | | | 166.12 |
| @INTERMEDIATE CARE FACILDD ICF DDH ICF DD ICF DDN/DDCN @HEMODIALYSIS TOTAL HOSPITAL BASED HEMODIALYSIS CENTER @REHABILITATION FACILITY | 0 | U | \$ | .00 |) \$ | .00 | .000 | \$ | | \$ | .00 |
| ICF DDH | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| ICF DD | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| ICF DDN/DDCN | 0 | 0 | | .00 54,857.7 <i>6</i> |) | .00 | .000 | | .00 | | .00 |
| @HEMODIALYSIS TOTAL | 45 | 875 | \$ | 54,857.76 | 5 \$ | 62.69 | | | 1219.06 | \$ | 29.48 |
| HOSPITAL BASED | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| HEMODIALYSIS CENTER | 45 | 875 | | 54,857.76 | | 62.69 | .470 | | 1219.06 | | 29.48 |
| • | | 90 | \$ | 1,771.00 |) \$ | 19.68 | | Ş | 147.58 | Ş | .95 |
| DOSELIAL DASED | 12 | 90 | | 1,771.00 | | 19.68 | .048 | | 147.58 | | .95 |
| INDEPENDENT FACILITY | 0 | 0 | _ | .00 | | .00 | .000 | _ | .00 | _ | .00 |
| @LABORATORY FACILITY | 0 106 103 | 523 | \$ | 10,841.11 | | | | Ş | 102.27 | Ş | 5.83 |
| PATHOLOGY | 103 | 520 | | 10,823.36 | | 20.81 | .279 | | 105.08 | | 5.82 |
| XO AND OTHERS | 3 457 | 3 876 | <u>^</u> | 17.75 | | 5.92 | .002 | <u> </u> | 5.92 | <u> </u> | .01 |
| | 457 | 8 / 6 | \$ | 89,822.89 |) > - | 102.54 | | Ş | 196.55 | Ş | 48.27 |
| CLINIC | 5 | 8 49 | | 194.75 1,930.12 |) | 24.34 | .004 | | 38.95 | | .10 |
| SURGICENTER | 0 | 49 | | | | 39.39 | .026 | | 214.46 | | 1.04 |
| HEROIN DETOX CLINIC | | 819 | | .00 | | .00 | .000 | | .00 | | .00 |
| | | | | | | | | | | | |
| #CALIF DEPT OF HEALTH SERV | | ES AND EXPENDITUR | ES I | MONTH-OF-PAYMENT | REPOR | CT FOR JAN 2 | 2004 THRU | DEC | 2004 | P | AGE 1,092 |
| MOP024 BUTTE COUNTY | FEE-FOR-SERVICE | /DENTAL ICES FOR MN - SO | C | TOTA T | | | | | | | 03/14/05 |
| BUILE COUNTI | SUMMARI OF SERV | ICES FOR MN - SO | C - | IOIAL | | | M | | א משנז א זוו | CE | |
| 1,861 ELIGIBLES | USERS | UNITS OF SERVICE | | EXPENDITURES | 7.7 | TEBACE COOM | | | | | COST PER |
| T'OOT PHIGIPHES | CALCO | OR DAYS OF CARE | | EVE FINDITOKE? | | R UNIT/DAY | | | USER | | ELIGIBLE |
| @ALL OTHER PROVIDERS | 338 | 9,858 | | 104,320.74 | | 10.58 | | | 308.64 | | |
| DURABLE MED. EQUIP. | 25 | 9,030 47 | ۲ | 4,628.89 | | 98.49 | .025 | ې | 185.16 | ۲ | 2.49 |
| BLOOD BANK | 0 | 0 | | 4,620.03 | | .00 | .023 | | .00 | | .00 |
| DIOOD DUMI | U | U | | .00 | , | .00 | .000 | | .00 | | • 0 0 |

| HEARING AID DISPENSERS | 11 | 18 | | 2,224.40 | 123.58 | .010 | 202.22 | 1.20 |
|--|-----------------|-----------------|---------|-------------------|--------------|-------|------------|-------------|
| MEDICAL TRANSPORTATION | 140 | 8,247 | | 35,411.51 | 4.29 | 4.431 | 252.94 | 19.03 |
| AMBULANCES/AIR TRANS | 77 | 532 | | 10,941.76 | 20.57 | .286 | 142.10 | 5.88 |
| OTHER TRANS | 62 | 7,685 | | 18,399.87 | 2.39 | 4.130 | 296.77 | 9.89 |
| OTHER SERVICES | 7 | 30 | | 6,069.88 | 202.33 | .016 | 867.13 | 3.26 |
| ACUPUNCTURE | 4 | 10 | | 162.20 | 16.22 | .005 | 40.55 | .09 |
| ADULT DAY HEALTH CARE CTR | 10 | 270 | | 18,786.60 | 69.58 | .145 | 1878.66 | 10.09 |
| GENETIC DISEASE TESTING | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| IHMC, MODEL-NF, NF, AIDS, MSSP | 56 | 221 | | 28,894.15 | 130.74 | .119 | 515.97 | 15.53 |
| OCCUPATIONAL THERAPIST | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| OPTICIAN | 32 | 71 | | 764.94 | 10.77 | .038 | 23.90 | .41 |
| PHYSICAL THERAPIST | 1 | 3 | | 62.89 | 20.96 | .002 | 62.89 | .03 |
| PORTABLE X-RAY | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| PROSTHETIST/ORTHOTISTS | 1 | 1 | | .00 | .00 | .001 | .00 | .00 |
| PROSTHETICS | 1 | 1 | | .00 | .00 | .001 | .00 | .00 |
| ORTHOTICS | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| PSYCHOLOGIST | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| SPEECH AND AUDIOLOGY | 1 | 1 | | 174.46 | 174.46 | .001 | 174.46 | .09 |
| HOSPICE SERVICES | 3 | 85 | | 9,889.03 | 116.34 | .046 | 3296.34 | 5.31 |
| NONINST BIRTHING CENTERS | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| LOCAL EDUCATION AGENCIES | 13 | 33 | | 403.02 | 12.21 | .018 | 31.00 | .22 |
| EPSDT SUPPLEMENTAL SERVICE | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| RESPIRATORY CARE PRACT. | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| PED SUBACUTE REHAB/WEANING | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER PROVIDERS | 54 | 851 | | 2 , 918.65 | 3.43 | .457 | 54.05 | 1.57 |
| @CALIF. CHILDREN SERVICES* | 10 | 93 | \$ | , | \$ 513.99 | | \$ 4780.08 | 25.69 |
| @XOVER EXCLUDING STATE HOSP** | 453 | 2,052 | \$ | / | \$ 55.62 | 1.103 | \$ 251.94 | \$ 61.33 |
| A + MOMATO TAL MILEGE TIMES AND CITIES | M AC A CEDADAME | TATECDATABLECAT | THEN ON | TT 37 - | | | | |

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

| INDOE BININ INCE INCEORED : | | |
|-----------------------------|---|------------|
| #CALIF DEPT OF HEALTH SERV | MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 | PAGE 1,093 |
| MOP024 | FEE-FOR-SERVICE/DENTAL | 03/14/05 |
| BUTTE COUNTY | SUMMARY OF SERVICES FOR MN - LONG TERM CARE - AGED AID CODE 13 | |

| BOTTE COUNTY | DOMINANT OF DEIN | VICED FOR THE HORG | I DIAN CARD AGED | AID CODE | 10 | | |
|----------------------------|------------------|--------------------|------------------|--------------|------------|-------------|------------|
| | | | | | MON | NTHLY AVERA | GE |
| 7,448 ELIGIBLES | USERS | UNITS OF SERVICE | EXPENDITURES | AVERAGE COST | UNITS/DAYS | COST PER | COST PER |
| | | OR DAYS OF CARE | | PER UNIT/DAY | PER ELIG | USER | ELIGIBLE |
| @TOTAL, ALL PROVIDERS | 8 , 165 | 343,767 \$ | 22,469,648.97 | \$ 65.36 | 46.156 | 2751.95 | \$ 3016.87 |
| @PHYSICIANS SERVICES | 575 | 1,075 \$ | 14,830.11 | \$ 13.80 | .144 | 25.79 | \$ 1.99 |
| OUTPATIENT VISITS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OFFICE VISITS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| HOME VISITS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| EMERGENCY ROOM | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PREVENTIVE CARE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OB VISITS/COMPRE PERI | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OTHER OUTPATIENT | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| INPATIENT VISITS | 2 | 4 | 72.95 | 18.24 | .001 | 36.48 | .01 |
| HOSPITAL VISITS | 1 | 2 | 45.55 | 22.78 | .000 | 45.55 | .01 |
| CRITICAL CARE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| SNF/ICF/TRANS IP CARE | 1 | 2 | 27.40 | 13.70 | .000 | 27.40 | .00 |
| OPHTHALMOLOGICAL SERVICES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| EXAMINATIONS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| SERVICES AND MATERIALS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| INPATIENT HOSPITAL SURGERY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PRINCIPAL SURGEON | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ASSISTANT SURGEON | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ANESTHESIOLOGIST | 0 | 0 | .00 | .00 | .000 | .00 | .00 |

| OUTPATIENT SURGERY | 1 | 23 | | 301.50 | | 13.11 | .003 | | 301.50 | | .04 |
|--|--|--|-------------------|--|------------------------------|---|--|----------------------------------|---|----------------------|---|
| PRINCIPAL SURGEON | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| ASSISTANT SURGEON | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| ANESTHESIOLOGIST | 1 | 23 | | 301.50 | | 13.11 | .003 | | 301.50 | | .04 |
| DIALYSIS | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| PATHOLOGY | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| RADIOLOGY | 3 | 8 | | 58.76 | | 7.35 | .001 | | 19.59 | | .01 |
| PSYCHIATRY | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| IMMUNIZATION AND INJECTION | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| OTHER SERVICES/ALL X-OVERS | 569 | 1,040 | | 14,396.90 | | 13.84 | .140 | | 25.30 | | 1.93 |
| @PHARMACY | 6,051 | 57,828 | \$ | 2,434,561.11 | \$ | 42.10 | 7.764 | \$ | 402.34 | \$ | 326.87 |
| PRESCRIPTION DRUGS | 6,021 | 45,800 | | 2,426,436.48 | | 52.98 | 6.149 | | 403.00 | | 325.78 |
| SNF/ICF | 5,914 | 44,761 | | 2,395,187.87 | | 53.51 | 6.010 | | 405.00 | | 321.59 |
| OUTPATIENTS | 151 | 1,039 | | 31,248.61 | | 30.08 | .140 | | 206.94 | | 4.20 |
| MEDICAL SUPPLIES | 78 | 12,028 | | 8,124.63 | | .68 | 1.615 | | 104.16 | | 1.09 |
| @DENTIST | 517 | 1,279 | \$ | 40,571.00 | \$ | | .172 | \$ | | \$ | 5.45 |
| VISITS - DIAGNOSTIC | 490 | 1,164 | | 21,839.00 | | 18.76 | .156 | | 44.57 | | 2.93 |
| ORAL SURGERY | 15 | 33 | | 2,414.00 | | 73.15 | .004 | | 160.93 | | .32 |
| DRUGS | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| ANESTHESIA | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| PERIODONTICS | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| ENDODONTICS | 1 | 1 | | 260.00 | | 260.00 | .000 | | 260.00 | | .03 |
| RESTORATIVE DENTISTRY | 5 | 11 | | 618.00 | | 56.18 | .001 | | 123.60 | | .08 |
| PROSTHETICS | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| DENTURES, STAYPLATES | 41 | 66 | | 15,440.00 | | 233.94 | .009 | | 376.59 | | 2.07 |
| SPACE MAINTAINERS | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| MAXILLOFACIAL SERVICES | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| FRACTURES, DISLOCATIONS | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| | | | | | | • 0 0 | . 0 0 0 | | | | • 0 0 |
| | 0 | 0 | | - 00 | | . 0.0 | . 000 | | . 0.0 | | . 00 |
| ORTHODONTIC SERVICES | 0 | 0 4 | | .00 | | .00 | .000 | | .00 | | .00 |
| ORTHODONTIC SERVICES ALL OTHER SERVICES | 2 | 4 | ES MO | .00 | EPORS | .00 | .001 | DEC | .00 | P.A | .00 |
| ORTHODONTIC SERVICES ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV | 2 MEDI-CAL SERVI | 4 CES AND EXPENDITUR | ES MO | .00 | EPOR' | .00 | .001 | DEC | .00 | PA | .00 AGE 1,094 |
| ORTHODONTIC SERVICES ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 | 2 MEDI-CAL SERVI FEE-FOR-SERVIC | 4 CES AND EXPENDITUR E/DENTAL | | .00 NTH-OF-PAYMENT RE | EPOR' | .00 r for jan 2 | .001 2004 THRU | DEC | .00 | P <i>I</i> | .00 |
| ORTHODONTIC SERVICES ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV | 2 MEDI-CAL SERVI FEE-FOR-SERVIC | 4 CES AND EXPENDITUR | | .00 NTH-OF-PAYMENT RE | EPOR' | .00 | .001 2004 THRU | | .00 | | .00 AGE 1,094 03/14/05 |
| ORTHODONTIC SERVICES ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 | 2 MEDI-CAL SERVI FEE-FOR-SERVIC | 4 CES AND EXPENDITUR E/DENTAL VICES FOR MN - LO | NG TE | .00 NTH-OF-PAYMENT RE | | .00 F FOR JAN 2 AID CODE | .001 2004 THRU 13 | ONT | .00 2004 HLY AVERA | GE - | .00 AGE 1,094 03/14/05 |
| ORTHODONTIC SERVICES ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 BUTTE COUNTY | 2 MEDI-CAL SERVI FEE-FOR-SERVIC SUMMARY OF SER | 4 CES AND EXPENDITUR E/DENTAL VICES FOR MN - LO UNITS OF SERVICE | NG TE | .00 NTH-OF-PAYMENT RE | AVI | .00 F FOR JAN 2 AID CODE ERAGE COST | .001 2004 THRU 13 M UNITS/DAY | ONT S | .00 2004 HLY AVERA | GE - | .00 AGE 1,094 03/14/05 |
| ORTHODONTIC SERVICES ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 BUTTE COUNTY | 2 MEDI-CAL SERVI FEE-FOR-SERVIC SUMMARY OF SER | 4 CES AND EXPENDITUR E/DENTAL VICES FOR MN - LO | NG TE | .00 NTH-OF-PAYMENT RE RM CARE - AGED EXPENDITURES | AVI | .00 F FOR JAN 2 AID CODE ERAGE COST R UNIT/DAY | .001 2004 THRU 13 M UNITS/DAY | ONT S | .00 2004 HLY AVERA COST PER USER | GE - (| .00 AGE 1,094 03/14/05 |
| ORTHODONTIC SERVICES ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 BUTTE COUNTY 7,448 ELIGIBLES @OPTOMETRIST | 2 MEDI-CAL SERVI FEE-FOR-SERVIC SUMMARY OF SER | 4 CES AND EXPENDITUR E/DENTAL VICES FOR MN - LO UNITS OF SERVICE OR DAYS OF CARE | NG TE | .00 NTH-OF-PAYMENT RE | AVI PEI | .00 F FOR JAN 2 AID CODE ERAGE COST R UNIT/DAY 21.29 | .001 2004 THRU 13 M UNITS/DAY PER ELIG | ONT S | .00 2004 HLY AVERA COST PER USER 43.69 | GE - (| .00 AGE 1,094 03/14/05 COST PER ELIGIBLE |
| ORTHODONTIC SERVICES ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 BUTTE COUNTY 7,448 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED | MEDI-CAL SERVI FEE-FOR-SERVIC SUMMARY OF SER USERS | 4 CES AND EXPENDITUR E/DENTAL VICES FOR MN - LO UNITS OF SERVICE OR DAYS OF CARE 275 | NG TE | .00 NTH-OF-PAYMENT RE RM CARE - AGED EXPENDITURES 5,854.38 47.45 | AVI PEI | .00 F FOR JAN 2 AID CODE ERAGE COST R UNIT/DAY 21.29 47.45 | .001 2004 THRU 13 M UNITS/DAY PER ELIG .037 .000 | ONT S | .00 2004 HLY AVERA COST PER USER 43.69 47.45 | GE - (| .00 AGE 1,094 03/14/05 COST PER ELIGIBLE .79 .01 |
| ORTHODONTIC SERVICES ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 BUTTE COUNTY 7,448 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES | MEDI-CAL SERVI FEE-FOR-SERVIC SUMMARY OF SER USERS 134 1 | 4 CES AND EXPENDITUR E/DENTAL VICES FOR MN - LO UNITS OF SERVICE OR DAYS OF CARE 275 1 | NG TE | .00 NTH-OF-PAYMENT RE RM CARE - AGED EXPENDITURES 5,854.38 47.45 4,407.11 | AVI PEI | .00 F FOR JAN 2 AID CODE ERAGE COST R UNIT/DAY 21.29 47.45 17.84 | .001 2004 THRU 13 M UNITS/DAY PER ELIG .037 .000 .033 | ONT S | .00 2004 HLY AVERA COST PER USER 43.69 47.45 45.91 | GE - (| .00 AGE 1,094 03/14/05 COST PER ELIGIBLE .79 |
| ORTHODONTIC SERVICES ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 BUTTE COUNTY 7,448 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED | MEDI-CAL SERVI FEE-FOR-SERVIC SUMMARY OF SER USERS 134 1 96 | 4 CES AND EXPENDITUR E/DENTAL VICES FOR MN - LO UNITS OF SERVICE OR DAYS OF CARE 275 1 247 | NG TE | .00 NTH-OF-PAYMENT RE RM CARE - AGED EXPENDITURES 5,854.38 47.45 4,407.11 1,399.82 | AVI PEI | .00 F FOR JAN 2 AID CODE ERAGE COST R UNIT/DAY 21.29 47.45 | .001 2004 THRU 13 M UNITS/DAY PER ELIG .037 .000 .033 .004 | ONT S \$ | .00 2004 HLY AVERA COST PER USER 43.69 47.45 45.91 35.00 | GE - (F | .00 AGE 1,094 03/14/05 COST PER ELIGIBLE .79 .01 .59 |
| ORTHODONTIC SERVICES ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 BUTTE COUNTY 7,448 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR | MEDI-CAL SERVI FEE-FOR-SERVIC SUMMARY OF SER USERS 134 1 96 40 | 4 CES AND EXPENDITUR E/DENTAL VICES FOR MN - LO UNITS OF SERVICE OR DAYS OF CARE 275 1 247 27 | NG TE | .00 NTH-OF-PAYMENT RE RM CARE - AGED EXPENDITURES 5,854.38 47.45 4,407.11 1,399.82 .00 | AVI PEI \$ | .00 F FOR JAN 2 AID CODE ERAGE COST R UNIT/DAY 21.29 47.45 17.84 51.85 .00 | .001 2004 THRU 13 M UNITS/DAY PER ELIG .037 .000 .033 .004 .000 | ONT S \$ | .00 2004 HLY AVERA COST PER USER 43.69 47.45 45.91 35.00 .00 | GE - (F | .00 AGE 1,094 03/14/05 COST PER ELIGIBLE .79 .01 .59 .19 |
| ORTHODONTIC SERVICES ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 BUTTE COUNTY 7,448 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS | MEDI-CAL SERVI FEE-FOR-SERVIC SUMMARY OF SER USERS 134 1 96 40 0 | 4 CES AND EXPENDITUR E/DENTAL VICES FOR MN - LO UNITS OF SERVICE OR DAYS OF CARE 275 1 247 27 0 | NG TE | .00 NTH-OF-PAYMENT RE RM CARE - AGED EXPENDITURES 5,854.38 47.45 4,407.11 1,399.82 .00 .00 | AVI PEI \$ | .00 F FOR JAN 2 AID CODE ERAGE COST R UNIT/DAY 21.29 47.45 17.84 51.85 .00 .00 | .001 2004 THRU 13 M UNITS/DAY PER ELIG .037 .000 .033 .004 .000 | ONT S \$ | .00 2004 HLY AVERA COST PER USER 43.69 47.45 45.91 35.00 .00 | GE - (F | .00 AGE 1,094 03/14/05 COST PER ELIGIBLE .79 .01 .59 .19 .00 |
| ORTHODONTIC SERVICES ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 BUTTE COUNTY 7,448 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES | MEDI-CAL SERVI FEE-FOR-SERVIC SUMMARY OF SER USERS 134 1 96 40 0 0 | QES AND EXPENDITUR E/DENTAL VICES FOR MN - LO UNITS OF SERVICE OR DAYS OF CARE 275 1 247 27 0 0 0 | NG TE \$ \$ | .00 NTH-OF-PAYMENT RE RM CARE - AGED EXPENDITURES 5,854.38 47.45 4,407.11 1,399.82 .00 .00 .00 | AVI PEI \$ | .00 F FOR JAN 2 AID CODE ERAGE COST R UNIT/DAY 21.29 47.45 17.84 51.85 .00 .00 | .001 2004 THRU 13 M UNITS/DAY PER ELIG .037 .000 .033 .004 .000 .000 | ONT S \$ | .00 2004 HLY AVERA COST PER USER 43.69 47.45 45.91 35.00 .00 .00 | GE - (F \$ | .00 AGE 1,094 03/14/05 COST PER ELIGIBLE .79 .01 .59 .19 .00 .00 |
| ORTHODONTIC SERVICES ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 BUTTE COUNTY 7,448 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST | MEDI-CAL SERVI FEE-FOR-SERVIC SUMMARY OF SER USERS 134 1 96 40 0 0 0 | GES AND EXPENDITUR E/DENTAL VICES FOR MN - LO UNITS OF SERVICE OR DAYS OF CARE 275 1 247 27 0 0 0 369 | NG TE | .00 NTH-OF-PAYMENT RE RM CARE - AGED EXPENDITURES 5,854.38 47.45 4,407.11 1,399.82 .00 .00 .00 2,782.25 | AVI PEI \$ | .00 F FOR JAN 2 AID CODE ERAGE COST R UNIT/DAY 21.29 47.45 17.84 51.85 .00 .00 .00 7.54 | .001 2004 THRU 13 M UNITS/DAY PER ELIG .037 .000 .033 .004 .000 .000 | ONT S \$ | .00 2004 HLY AVERA COST PER USER 43.69 47.45 45.91 35.00 .00 .00 | GE - (F \$ | .00 AGE 1,094 03/14/05 COST PER ELIGIBLE .79 .01 .59 .19 .00 .00 .37 |
| ORTHODONTIC SERVICES ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 BUTTE COUNTY 7,448 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS | MEDI-CAL SERVI FEE-FOR-SERVIC SUMMARY OF SER USERS 134 1 96 40 0 0 0 0 302 0 | QES AND EXPENDITUR E/DENTAL VICES FOR MN - LO UNITS OF SERVICE OR DAYS OF CARE 275 1 247 27 0 0 0 369 0 | NG TE \$ \$ | .00 NTH-OF-PAYMENT RE RM CARE - AGED EXPENDITURES 5,854.38 47.45 4,407.11 1,399.82 .00 .00 .00 2,782.25 .00 | AVI PEI \$ | .00 F FOR JAN 2 AID CODE ERAGE COST R UNIT/DAY 21.29 47.45 17.84 51.85 .00 .00 .00 7.54 | .001 2004 THRU 13 M UNITS/DAY PER ELIG .037 .000 .033 .004 .000 .000 .000 | ONT S \$ | .00 2004 HLY AVERA COST PER USER 43.69 47.45 45.91 35.00 .00 .00 .00 .00 | GE - (F \$ | .00 AGE 1,094 03/14/05 COST PER ELIGIBLE .79 .01 .59 .19 .00 .00 .37 .00 |
| ORTHODONTIC SERVICES ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 BUTTE COUNTY 7,448 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. | MEDI-CAL SERVI FEE-FOR-SERVIC SUMMARY OF SER USERS 134 1 96 40 0 0 0 | GES AND EXPENDITUR E/DENTAL VICES FOR MN - LO UNITS OF SERVICE OR DAYS OF CARE 275 1 247 27 0 0 0 369 | NG TE \$ \$ | .00 NTH-OF-PAYMENT RE RM CARE - AGED EXPENDITURES 5,854.38 47.45 4,407.11 1,399.82 .00 .00 .00 2,782.25 .00 .00 .00 | AVI PEI \$ | .00 F FOR JAN 2 AID CODE ERAGE COST R UNIT/DAY 21.29 47.45 17.84 51.85 .00 .00 .00 7.54 .00 | .001 2004 THRU 13 M UNITS/DAY PER ELIG .037 .000 .033 .004 .000 .000 .000 | ONT S \$ | .00 2004 HLY AVERA COST PER USER 43.69 47.45 45.91 35.00 .00 .00 .00 .00 | GE - (F \$ | .00 AGE 1,094 03/14/05 COST PER ELIGIBLE .79 .01 .59 .19 .00 .00 .37 .00 .00 |
| ORTHODONTIC SERVICES ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 BUTTE COUNTY 7,448 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY | MEDI-CAL SERVI FEE-FOR-SERVIC SUMMARY OF SER USERS 134 1 96 40 0 0 0 302 0 0 0 0 | CES AND EXPENDITUR E/DENTAL VICES FOR MN - LO UNITS OF SERVICE OR DAYS OF CARE 275 1 247 27 0 0 0 369 0 0 0 | NG TE \$ \$ | .00 NTH-OF-PAYMENT RE RM CARE - AGED EXPENDITURES 5,854.38 47.45 4,407.11 1,399.82 .00 .00 .00 2,782.25 .00 .00 .00 .00 | AVI PEI \$ | .00 F FOR JAN 2 AID CODE ERAGE COST R UNIT/DAY 21.29 47.45 17.84 51.85 .00 .00 .00 .00 .00 | .001 2004 THRU 13 M UNITS/DAY PER ELIG .037 .000 .033 .004 .000 .000 .000 | ONT S \$ | .00 2004 HLY AVERA COST PER USER 43.69 47.45 45.91 35.00 .00 .00 .00 .00 | GE - (F \$ | .00 AGE 1,094 03/14/05 COST PER ELIGIBLE .79 .01 .59 .19 .00 .00 .37 .00 .00 .00 |
| ORTHODONTIC SERVICES ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 BUTTE COUNTY 7,448 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY OTHER | MEDI-CAL SERVI FEE-FOR-SERVIC SUMMARY OF SER USERS 134 1 96 40 0 0 0 0 302 0 0 | GES AND EXPENDITUR E/DENTAL VICES FOR MN - LO UNITS OF SERVICE OR DAYS OF CARE 275 1 247 27 0 0 0 369 0 0 369 | NG TE \$ \$ | .00 NTH-OF-PAYMENT RE RM CARE - AGED EXPENDITURES 5,854.38 47.45 4,407.11 1,399.82 .00 .00 .00 2,782.25 .00 .00 .00 2,782.25 | AVI PEI \$ | .00 F FOR JAN 2 AID CODE ERAGE COST R UNIT/DAY 21.29 47.45 17.84 51.85 .00 .00 .00 .00 7.54 .00 .00 .00 .00 .7.54 | .001 2004 THRU 13 M UNITS/DAY PER ELIG .037 .000 .033 .004 .000 .000 .050 .000 .000 .000 | ONT S \$ \$ | .00 2004 HLY AVERA COST PER USER 43.69 47.45 45.91 35.00 .00 .00 .00 .00 .00 .00 .00 | GE - (| .00 AGE 1,094 03/14/05 COST PER ELIGIBLE .79 .01 .59 .19 .00 .00 .37 .00 .00 .37 |
| ORTHODONTIC SERVICES ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 BUTTE COUNTY 7,448 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY OTHER @HOME HEALTH AGENCY | MEDI-CAL SERVI FEE-FOR-SERVIC SUMMARY OF SER USERS 134 1 96 40 0 0 0 0 0 0 0 0 302 0 0 | CES AND EXPENDITUR E/DENTAL VICES FOR MN - LO UNITS OF SERVICE OR DAYS OF CARE 275 1 247 27 0 0 0 369 0 369 0 369 0 | NG TE \$ \$ | .00 NTH-OF-PAYMENT RE RM CARE - AGED EXPENDITURES 5,854.38 47.45 4,407.11 1,399.82 .00 .00 .00 2,782.25 .00 .00 2,782.25 .00 .00 2,782.25 | AVI PEI \$ | .00 F FOR JAN 2 AID CODE ERAGE COST R UNIT/DAY 21.29 47.45 17.84 51.85 .00 .00 .00 .00 .00 7.54 .00 .00 7.54 .00 | .001 2004 THRU 13 M UNITS/DAY PER ELIG .037 .000 .033 .004 .000 .000 .000 .050 .000 .000 | ONT S \$ \$ | .00 2004 HLY AVERA COST PER USER 43.69 47.45 45.91 35.00 .00 .00 .00 .00 .00 .00 .00 | GE - (| .00 AGE 1,094 03/14/05 |
| ORTHODONTIC SERVICES ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 BUTTE COUNTY 7,448 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY OTHER @HOME HEALTH AGENCY NURSE ANESTHESIST | MEDI-CAL SERVI FEE-FOR-SERVIC SUMMARY OF SER USERS 134 1 96 40 0 0 0 0 302 0 0 | GES AND EXPENDITUR E/DENTAL VICES FOR MN - LO UNITS OF SERVICE OR DAYS OF CARE 275 1 247 27 0 0 0 369 0 0 369 | NG TE | .00 NTH-OF-PAYMENT RE RM CARE - AGED EXPENDITURES 5,854.38 47.45 4,407.11 1,399.82 .00 .00 2,782.25 .00 .00 2,782.25 .00 .00 2,782.25 .00 .00 .00 2,782.25 | AVI PEI \$ \$ \$ | .00 F FOR JAN 2 AID CODE ERAGE COST R UNIT/DAY 21.29 47.45 17.84 51.85 .00 .00 .00 .00 7.54 .00 .00 7.54 .00 .00 .00 .00 .00 | .001 2004 THRU 13 M UNITS/DAY PER ELIG .037 .000 .033 .004 .000 .000 .000 .000 .000 | ONT S \$ \$ | .00 2004 HLY AVERA COST PER USER 43.69 47.45 45.91 35.00 .00 .00 .00 .00 .00 .00 .00 .00 | GE - (| .00 AGE 1,094 03/14/05 |
| ORTHODONTIC SERVICES ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 BUTTE COUNTY 7,448 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY OTHER @HOME HEALTH AGENCY NURSE ANESTHESIST NURSE MIDWIFE | MEDI-CAL SERVI FEE-FOR-SERVIC SUMMARY OF SER USERS 134 1 96 40 0 0 0 0 302 0 0 302 0 0 0 302 0 0 0 0 | QUITE OF SERVICE OR DAYS OF CARE 275 1 247 27 0 0 0 369 0 0 369 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 | NG TE | .00 NTH-OF-PAYMENT RE RM CARE - AGED EXPENDITURES 5,854.38 47.45 4,407.11 1,399.82 .00 .00 2,782.25 .00 .00 2,782.25 .00 .00 2,782.25 .00 .00 .00 .00 .00 .00 .00 .00 .00 .0 | AVI PEI \$ \$ \$ | .00 F FOR JAN 2 AID CODE ERAGE COST R UNIT/DAY 21.29 47.45 17.84 51.85 .00 .00 .00 .00 7.54 .00 .00 .00 7.54 .00 .00 .00 .00 .00 .00 .00 .00 .00 .0 | .001 2004 THRU 13 M UNITS/DAY PER ELIG .037 .000 .033 .004 .000 .000 .000 .000 .000 | ONT S \$ \$ \$ | .00 2004 HLY AVERA COST PER USER 43.69 47.45 45.91 35.00 .00 .00 .00 .00 .00 .00 .00 .00 .00 | GE - () | .00 AGE 1,094 03/14/05 COST PER ELIGIBLE .79 .01 .59 .19 .00 .00 .00 .37 .00 .00 .37 .00 .00 .00 .00 .00 .00 .00 .00 .00 |
| ORTHODONTIC SERVICES ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 BUTTE COUNTY 7,448 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY OTHER @HOME HEALTH AGENCY NURSE ANESTHESIST NURSE MIDWIFE PEDIATRIC NURSE PRACTITIONER | MEDI-CAL SERVI FEE-FOR-SERVIC SUMMARY OF SER USERS 134 1 96 40 0 0 0 0 302 0 0 302 0 0 0 302 0 0 0 0 | QUITE OF SERVICE OR DAYS OF CARE 275 1 247 27 0 0 0 369 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 | NG TE | .00 NTH-OF-PAYMENT RE RM CARE - AGED EXPENDITURES 5,854.38 47.45 4,407.11 1,399.82 .00 .00 .00 2,782.25 .00 .00 2,782.25 .00 .00 2,782.25 .00 .00 .00 .00 .00 .00 .00 .00 .00 .0 | AVI PEI \$ \$ \$ | .00 F FOR JAN 2 AID CODE ERAGE COST R UNIT/DAY 21.29 47.45 17.84 51.85 .00 .00 .00 .7.54 .00 .00 .00 7.54 .00 .00 .00 .00 .00 .00 .00 .00 .00 .0 | .001 2004 THRU 13 M UNITS/DAY PER ELIG .037 .000 .033 .004 .000 .000 .000 .000 .050 .000 .000 | ONT S \$ \$ \$ \$ | .00 2004 HLY AVERA COST PER USER 43.69 47.45 45.91 35.00 .00 .00 .00 .00 .00 .00 .00 .00 .00 | GE - C I | .00 AGE 1,094 03/14/05 COST PER ELIGIBLE .79 .01 .59 .19 .00 .00 .00 .37 .00 .00 .37 .00 .00 .00 .00 .00 .00 .00 .00 .00 .0 |
| ORTHODONTIC SERVICES ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 BUTTE COUNTY 7,448 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY OTHER @HOME HEALTH AGENCY NURSE ANESTHESIST NURSE MIDWIFE PEDIATRIC NURSE PRACTITIONER | 2 MEDI-CAL SERVI FEE-FOR-SERVIC SUMMARY OF SER USERS 134 1 96 40 0 0 0 302 0 0 302 0 0 0 302 0 0 0 0 0 | QUITE OF SERVICE OR DAYS OF CARE 275 1 247 27 0 0 0 369 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 | NG TE | .00 NTH-OF-PAYMENT RE RM CARE - AGED EXPENDITURES 5,854.38 47.45 4,407.11 1,399.82 .00 .00 .00 2,782.25 .00 .00 .00 2,782.25 .00 .00 .00 .00 .00 .00 .00 .00 .00 .0 | AVI PEI \$ \$ \$ | .00 F FOR JAN 2 AID CODE ERAGE COST R UNIT/DAY 21.29 47.45 17.84 51.85 .00 .00 .00 .00 7.54 .00 .00 .00 .00 .00 .00 .00 .00 .00 .0 | .001 2004 THRU 13 M UNITS/DAY PER ELIG .037 .000 .033 .004 .000 .000 .000 .050 .000 .000 .050 .000 .000 .000 .000 .000 .000 .000 .000 .000 .000 | ONT S \$ \$ \$ \$ | .00 2004 HLY AVERA COST PER USER 43.69 47.45 45.91 35.00 .00 .00 .00 .00 .00 .00 .00 .00 .00 | GE - C I | .00 AGE 1,094 03/14/05 COST PER ELIGIBLE .79 .01 .59 .19 .00 .00 .00 .37 .00 .00 .00 .00 .00 .00 .00 .00 .00 .0 |
| ORTHODONTIC SERVICES ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 BUTTE COUNTY 7,448 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY OTHER @HOME HEALTH AGENCY NURSE ANESTHESIST NURSE MIDWIFE PEDIATRIC NURSE PRACTITIONER ### TOTAL HOSPITAL | 2 MEDI-CAL SERVI FEE-FOR-SERVIC SUMMARY OF SER USERS 134 1 96 40 0 0 0 302 0 0 302 0 0 0 302 0 0 0 287 | QUITE OF SERVICE OR DAYS OF CARE 275 1 247 27 0 0 0 369 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 | NG TE | .00 NTH-OF-PAYMENT RE RM CARE - AGED EXPENDITURES 5,854.38 47.45 4,407.11 1,399.82 .00 .00 2,782.25 .00 .00 2,782.25 .00 .00 .00 2,782.25 .00 .00 .00 .00 .00 .00 .00 .00 .00 .0 | AVI PEI \$ \$ \$ | .00 F FOR JAN 2 AID CODE ERAGE COST R UNIT/DAY 21.29 47.45 17.84 51.85 .00 .00 .00 .00 7.54 .00 .00 .00 .00 .00 .00 .00 .00 .00 .0 | .001 2004 THRU 13 | ONT S \$ \$ \$ \$ | .00 2004 HLY AVERA COST PER USER 43.69 47.45 45.91 35.00 .00 .00 .00 .00 .00 .00 .00 .00 .00 | GE - C I | .00 AGE 1,094 03/14/05 COST PER ELIGIBLE .79 .01 .59 .19 .00 .00 .37 .00 .00 .37 .00 .00 .00 .37 .00 .00 .37 .00 .00 .37 |
| ORTHODONTIC SERVICES ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 BUTTE COUNTY 7,448 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY OTHER @HOME HEALTH AGENCY NURSE ANESTHESIST NURSE MIDWIFE PEDIATRIC NURSE PRACTITIONER | 2 MEDI-CAL SERVI FEE-FOR-SERVIC SUMMARY OF SER USERS 134 1 96 40 0 0 0 302 0 0 302 0 0 0 302 0 0 0 0 0 | QUITE OF SERVICE OR DAYS OF CARE 275 1 247 27 0 0 0 369 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 | NG TE | .00 NTH-OF-PAYMENT RE RM CARE - AGED EXPENDITURES 5,854.38 47.45 4,407.11 1,399.82 .00 .00 .00 2,782.25 .00 .00 .00 2,782.25 .00 .00 .00 .00 .00 .00 .00 .00 .00 .0 | AVI PEI \$ \$ \$ | .00 F FOR JAN 2 AID CODE ERAGE COST R UNIT/DAY 21.29 47.45 17.84 51.85 .00 .00 .00 .00 7.54 .00 .00 .00 .00 .00 .00 .00 .00 .00 .0 | .001 2004 THRU 13 M UNITS/DAY PER ELIG .037 .000 .033 .004 .000 .000 .000 .050 .000 .000 .050 .000 .000 .000 .000 .000 .000 .000 .000 .000 .000 | ONT S \$ \$ \$ \$ | .00 2004 HLY AVERA COST PER USER 43.69 47.45 45.91 35.00 .00 .00 .00 .00 .00 .00 .00 .00 .00 | GE - C I | .00 AGE 1,094 03/14/05 COST PER ELIGIBLE .79 .01 .59 .19 .00 .00 .00 .37 .00 .00 .00 .00 .00 .00 .00 .00 .00 .0 |

| NON-HSC HOSPITAL TOTAL | 2 | 12 | 26,117.81 | 2176.48 | .002 | 13058.91 | 3.51 |
|-----------------------------|-----|-----|-----------|---------|------|----------|--------|
| ACCOMMODATIONS | 2 | 12 | 12,430.00 | 1035.83 | .002 | 6215.00 | 1.67 |
| ADMINISTRATIVE DAYS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| TRANSITIONAL IP CARE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER ACCOM | 2 | 12 | 12,430.00 | 1035.83 | .002 | 6215.00 | 1.67 |
| ANCILLARIES | 2 | 0 | 13,687.81 | .00 | .000 | 6843.91 | 1.84 |
| INPATIENT CROSSOVERS | 80 | 0 | 64,835.58 | .00 | .000 | 810.44 | 8.71 |
| ALL OTHER INPATIENT | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| HOSP OUTPATIENT TOTAL | 245 | 713 | 11,308.15 | 15.86 | .096 | 46.16 | 1.52 |
| MEDICAL | 1 | 2 | 20.12 | 10.06 | .000 | 20.12 | .00 |
| SURGERY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PATHOLOGY | 18 | 30 | 326.39 | 10.88 | .004 | 18.13 | .04 |
| RADIOLOGY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ROOM USE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| CROSSOVERS/ALL OTH OUTPINT | 227 | 681 | 10,961.64 | 16.10 | .091 | 48.29 | 1.47 |
| @COUNTY HOSPITAL TOTAL | 0 | 0 : | \$.00 | \$.00 | .000 | \$.00 | \$.00 |
| CO HOSPITAL INPATIENT TOTAL | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| HSC HOSPITALS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| NON-HSC HOSPITALS TOTAL | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ACCOMMODATIONS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ADMINISTRATIVE DAYS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| TRANSITIONAL IP CARE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER ACCOM | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ANCILLARIES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| INPATIENT CROSSOVERS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER INPATIENT | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| CO HOSP OUTPATIENT TOTAL | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| MEDICAL | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| SURGERY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PATHOLOGY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| RADIOLOGY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ROOM USE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| | | | | | | | |

03/14/05

MOP024 FEE-FOR-SERVICE/DENTAL BUTTE COUNTY SUMMARY OF SERVICES FOR MN - LONG TERM CARE - ACED AID CODE 13

| BUTTE COUNTY | SUMMARY OF SERVI | CES FOR MN - | LONG | TERM CARE - AGED | | AID CODE | 13 | | | | |
|--|---------------------------------------|-------------------------|------|----------------------------|-------|-----------|-----------|-----|-----------|----|-----------|
| | | | | | | | M | ONT | HLY AVERA | GE | |
| 7,448 ELIGIBLES | USERS | UNITS OF SERVI | CE | EXPENDITURES | S AVE | RAGE COST | UNITS/DAY | | COST PER | | COST PER |
| ., | | OR DAYS OF CA | | | | | PER ELIG | _ | USER | | ELIGIBLE |
| @COMMUNITY HOSPITAL TOTAL | 287 | 725 | \$ | 102,261.54 | | 141.05 | .097 | Ś | 356.31 | Ś | 13.73 |
| COMM HOSP INPATIENT TOTAL | 82 | 12 | ۲ | 90,953.39 | | 7579.45 | .002 | ٧ | 1109.19 | ٧ | 12.21 |
| HSC HOSPITALS | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| NON-HSC HOSPITALS TOTAL | 2 | 12 | | 26 , 117.81 | | 2176.48 | .002 | | 13058.91 | | 3.51 |
| | 2 | 12 | | | | 1035.83 | .002 | | | | 1.67 |
| ACCOMMODATIONS | 2 | 12 | | 12,430.00 | | | | | 6215.00 | | .00 |
| ADMINISTRATIVE DAYS | 0 | 0 | | .00 | | .00 | .000 | | | | |
| TRANSITIONAL IP CARE | U | | | .00 | | .00 | .000 | | .00 | | .00 |
| ALL OTHER ACCOM | 2 | 12 | | 12,430.00 | | 1035.83 | .002 | | 6215.00 | | 1.67 |
| ANCILLARIES | 2 | 0 | | 13,687.81 | | .00 | .000 | | 6843.91 | | 1.84 |
| INPATIENT CROSSOVERS | 80 | 0 | | 64,835.58 | | .00 | .000 | | 810.44 | | 8.71 |
| ALL OTHER INPATIENT | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| COMM HOSP OUTPATIENT TOTAL | 245 | 713 | | 11,308.15 | | 15.86 | .096 | | 46.16 | | 1.52 |
| MEDICAL | 1 | 2 | | 20.12 | | 10.06 | .000 | | 20.12 | | .00 |
| SURGERY | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| PATHOLOGY | 18 | 30 | | 326.39 |) | 10.88 | .004 | | 18.13 | | .04 |
| RADIOLOGY | 0 | 0 | | .00 |) | .00 | .000 | | .00 | | .00 |
| ROOM USE | 0 | 0 | | .00 |) | .00 | .000 | | .00 | | .00 |
| CROSSOVERS/ALL OTH OUTPTNT | 227 | 681 | | 10,961.64 | ļ | 16.10 | .091 | | 48.29 | | 1.47 |
| | | 0 | \$ | .00 |) \$ | .00 | .000 | \$ | .00 | \$ | .00 |
| MENTALLY ILL | 0 | 0 | | .00 | | .00 | .000 | | .00 | · | .00 |
| DEVELOP. DISABLED | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| @NURSING FACILITY | 0 0 0 6,369 | 196,246 | Ś | 19,392,559.82 | | 98.82 | 26.349 | \$ | 3044.84 | \$ | 2603.73 |
| LEV A-INTERMEDIATE | 0 | 0 | 7 | .00 | | .00 | .000 | 7 | .00 | 7 | .00 |
| LEV B-REHAB MD | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| LEV B-SUBACUTE FREESTANDING | · · · · · · · · · · · · · · · · · · · | 25 | | 7,736.25 | | 309.45 | .003 | | 7736.25 | | 1.04 |
| LEV B SUBACUTE PREESTANDING LEV B-SUBACUTE HSPTL BASED | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| LEV B SOBACOTE HISTE BASED LEV B-TRANSITIONAL IP CARE | • | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| | 6 369 | | | | | 98.79 | 26.345 | | 3044.10 | | 2602.69 |
| LEV B-REGULAR | 0 6,368 15 | 196 , 221 442 | \$ | 19,384,823.57 82,881.70 | | | | ċ | | ċ | 11.13 |
| @INTERMEDIATE CARE FACILDD | 13 | | ې | | | 187.52 | | Ş | | \$ | |
| ICF DDH | 3 | 79 0 | | 13,745.74 | | 174.00 | .011 | | 4581.91 | | 1.85 |
| ICF DD | 0 | • | | .00 | | .00 | .000 | | .00 | | .00 |
| ICF DDN/DDCN | 12 | 363 | | 69,135.96 | | 190.46 | .049 | | 5761.33 | | 9.28 |
| @HEMODIALYSIS TOTAL | 10 | 15 | \$ | 5,752.69 | | 383.51 | .002 | Ş | 575.27 | Ş | .77 |
| HOSPITAL BASED | 3 0 12 10 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| HEHODIHETOTO CENTER | | 15 | | 5,752.69 | | 383.51 | .002 | | 575.27 | | .77 |
| @REHABILITATION FACILITY | 0 | 0 | Ş | .00 | | .00 | .000 | \$ | .00 | \$ | .00 |
| HOSPITAL BASED | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| INDEPENDENT FACILITY | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| @LABORATORY FACILITY | 4 | 3 | \$ | 11.57 | 7 \$ | 3.86 | .000 | \$ | 2.89 | \$ | .00 |
| PATHOLOGY | 1 | 1 | | 4.34 | ŀ | 4.34 | .000 | | 4.34 | | .00 |
| XO AND OTHERS | 3 | 2 | | 7.23 | } | 3.62 | .000 | | 2.41 | | .00 |
| @ORGANIZED OUTPATIENT CLINIC | 107 | 185 | \$ | 8,571.96 | 5 \$ | 46.33 | .025 | \$ | 80.11 | \$ | 1.15 |
| CLINIC | 5 | 6 | | 146.37 | 7 | 24.40 | .001 | | 29.27 | | .02 |
| SURGICENTER | 0 | 0 | | .00 |) | .00 | .000 | | .00 | | .00 |
| HEROIN DETOX CLINIC | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| RURAL HEALTH CLINIC | 103 | 179 | | 8,425.59 | | 47.07 | .024 | | 81.80 | | 1.13 |
| #CALIF DEPT OF HEALTH SERV | | | URES | MONTH-OF-PAYMENT | | | | DEC | | F | AGE 1,096 |
| MOP024 | FEE-FOR-SERVICE/ | | | | 01(1 | | | | | _ | 03/14/05 |
| BUTTE COUNTY | | | LONG | TERM CARE - AGED | | AID CODE | 13 | | | | 33/11/33 |
| 20111 0001111 | COLUMNIC OF OTHER | | | 11000 | | | | | | | |

| 7,448 ELIGIBLES | USERS | UNITS OF SERVIC | | EXPENDITURES | | | UNITS/DAY | | R | COST PER |
|---------------------------------|----------------|-----------------|------|--------------------|----|---------|-----------|----------|------|----------|
| | | OR DAYS OF CAR | | | | NIT/DAY | | | | ELIGIBLE |
| @ALL OTHER PROVIDERS | 1,264 | 85 , 325 | \$ | 379,010.84 | \$ | 4.44 | 11.456 | | | |
| DURABLE MED. EQUIP. | 81 | 1,272 | | 51,727.40 | | 40.67 | .171 | 638.6 | 1 | 6.95 |
| BLOOD BANK | 0 | 0 | | .00 | | .00 | .000 | .0 | 0 | .00 |
| HEARING AID DISPENSERS | 48 | 81 | | 3,865.03 | | 47.72 | .011 | 80.5 | 2 | .52 |
| MEDICAL TRANSPORTATION | 687 | 11 , 495 | | 63 , 175.67 | | 5.50 | 1.543 | 91.9 | 6 | 8.48 |
| AMBULANCES/AIR TRANS | 5 | 32CR | | 486.31 | | 15.20CR | .004C | R 97.2 | 6 | .07 |
| OTHER TRANS | 675 | 11,424 | | 61,884.37 | | 5.42 | 1.534 | 91.6 | 8 | 8.31 |
| OTHER SERVICES | 60 | 103 | | 804.99 | | 7.82 | .014 | 13.4 | 2 | .11 |
| ACUPUNCTURE | 0 | 0 | | .00 | | .00 | .000 | .0 | 0 | .00 |
| ADULT DAY HEALTH CARE CTR | 5 | 94 | | 6,540.52 | | 69.58 | .013 | 1308.1 | 0 | .88 |
| GENETIC DISEASE TESTING | 0 | 0 | | .00 | | .00 | .000 | .0 | 0 | .00 |
| IHMC, MODEL-NF, NF, AIDS, MSSP | 5 | 806 | | 15,710.94 | | 19.49 | .108 | 3142.1 | 9 | 2.11 |
| OCCUPATIONAL THERAPIST | 0 | 0 | | .00 | | .00 | .000 | .0 | 0 | .00 |
| OPTICIAN | 90 | 182 | | 2,448.74 | | 13.45 | .024 | 27.2 | 1 | .33 |
| PHYSICAL THERAPIST | 0 | 0 | | .00 | | .00 | .000 | .0 | 0 | .00 |
| PORTABLE X-RAY | 24 | 34 | | 26.34 | | .77 | .005 | 1.1 | 0 | .00 |
| PROSTHETIST/ORTHOTISTS | 2 | 3 | | 124.05 | | 41.35 | .000 | 62.0 | 3 | .02 |
| PROSTHETICS | 2 | 3 | | 124.05 | | 41.35 | .000 | 62.0 | 3 | .02 |
| ORTHOTICS | 0 | 0 | | .00 | | .00 | .000 | .0 | 0 | .00 |
| PSYCHOLOGIST | 0 | 0 | | .00 | | .00 | .000 | .0 | 0 | .00 |
| SPEECH AND AUDIOLOGY | 33 | 65 | | 479.89 | | 7.38 | .009 | 14.5 | 4 | .06 |
| HOSPICE SERVICES | 74 | 1,781 | | 201,184.18 | 1 | 12.96 | .239 | 2718.7 | 1 | 27.01 |
| NONINST BIRTHING CENTERS | 0 | 0 | | .00 | | .00 | .000 | .0 | 0 | .00 |
| LOCAL EDUCATION AGENCIES | 0 | 0 | | .00 | | .00 | .000 | .0 | 0 | .00 |
| EPSDT SUPPLEMENTAL SERVICE | 0 | 0 | | .00 | | .00 | .000 | .0 | 0 | .00 |
| RESPIRATORY CARE PRACT. | 0 | 0 | | .00 | | .00 | .000 | .0 | 0 | .00 |
| PED SUBACUTE REHAB/WEANING | 0 | 0 | | .00 | | .00 | .000 | .0 | 0 | .00 |
| ALL OTHER PROVIDERS | 326 | 69,512 | | 33,728.08 | | .49 | 9.333 | 103.4 | 6 | 4.53 |
| @CALIF. CHILDREN SERVICES* | 0 | 0 | \$ | .00 | \$ | .00 | .000 | \$.0 | 0 \$ | .00 |
| @XOVER EXCLUDING STATE HOSP** | 1,920 | 43,108 | \$ | 562,646.80 | \$ | 13.05 | 5.788 | \$ 293.0 | 5 | 75.54 |
| A* TOTALS IN THESE TIMES ADE CT | TEN AC A CEDAI | | тпым | ONI V. | | | | | | |

----- MONTHLY AVERAGE -----

0* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 1,097
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
BUTTE COUNTY SUMMARY OF SERVICES FOR MN - LONG TERM CARE - BLIND AID CODE 23

| DOLLINICI OF DELL | VICED IOIC IIIV | TOMO I | DIGI CIMO DILIVO | 1110 0000 | 23 | | |
|-------------------|-----------------|---------------|---|--|--|--|--|
| | | | | | MON | THLY AVERA | GE |
| USERS | UNITS OF SERVI | CE | EXPENDITURES | AVERAGE COST | UNITS/DAYS | COST PER | COST PER |
| | OR DAYS OF CA | RE | | PER UNIT/DAY | PER ELIG | USER | ELIGIBLE |
| 55 | 4,826 | \$ | 239,425.33 | \$ 49.61 | 87.745 | 4353.19 | \$ 4353.19 |
| 6 | 9 | \$ | 132.73 | \$ 14.75 | .164 | 22.12 | \$ 2.41 |
| 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| | USERS | OR DAYS OF CA | USERS UNITS OF SERVICE OR DAYS OF CARE | USERS UNITS OF SERVICE OR DAYS OF CARE 55 4,826 \$ 239,425.33 6 9 \$ 132.73 0 0 0 .00 | USERS UNITS OF SERVICE OR DAYS OF CARE OR DAYS OF CARE STEW STEW STATES OF CARE STEW STATES OF CARE STATES OF C | USERS UNITS OF SERVICE OR DAYS OF CARE 55 | USERS UNITS OF SERVICE OR DAYS OF CARE 55 |

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

| T117.14T317.TT.0310 | 0 | 0 | | 0.0 | 0.0 | 000 | 0.0 | | 0.0 |
|----------------------------|-----------------|-------------------|-------|---------------------|-------------|---------------|--------------|-----|------------|
| EXAMINATIONS | 0 | U | | .00 | .00 | | .00 | | .00 |
| SERVICES AND MATERIALS | 0 | 0 | | .00 | .00 | | .00 | | .00 |
| INPATIENT HOSPITAL SURGERY | 0 | 0 | | .00 | .00 | .000 | .00 | | .00 |
| PRINCIPAL SURGEON | 0 | 0 | | .00 | .00 | .000 | .00 | | .00 |
| ASSISTANT SURGEON | 0 | 0 | | .00 | .00 | .000 | .00 | | .00 |
| ANESTHESIOLOGIST | 0 | 0 | | .00 | .00 | | .00 | | .00 |
| | 0 | 0 | | .00 | | | .00 | | .00 |
| OUTPATIENT SURGERY | U | U | | | .00 | | | | |
| PRINCIPAL SURGEON | Ü | 0 | | .00 | .00 | | .00 | | .00 |
| ASSISTANT SURGEON | 0 | 0 | | .00 | .00 | .000 | .00 | | .00 |
| ANESTHESIOLOGIST | 0 | 0 | | .00 | .00 | .000 | .00 | | .00 |
| DIALYSIS | 0 | 0 | | .00 | .00 | .000 | .00 | | .00 |
| PATHOLOGY | 0 | Û | | .00 | .00 | | .00 | | .00 |
| RADIOLOGY | 0 | 0 | | .00 | .00 | | .00 | | .00 |
| | 0 | 0 | | | | | | | |
| PSYCHIATRY | U | 0 | | .00 | .00 | | .00 | | .00 |
| IMMUNIZATION AND INJECTION | 0 | 0 | | .00 | .00 | | .00 | | .00 |
| OTHER SERVICES/ALL X-OVERS | 6 | 9 | | 132.73 | 14.75 | .164 | 22.12 | | 2.41 |
| @PHARMACY | 55 | 564 | \$ | 54,334.87 | \$ 96.34 | 10.255 | \$ 987.91 | \$ | 987.91 |
| PRESCRIPTION DRUGS | 55 | 564 | | 54,334.87 | 96.34 | | 987.91 | | 987.91 |
| SNF/ICF | 55 | 560 | | 55,213.14 | 98.59 | | 1003.88 | | 1003.88 |
| | 0 | | | - | | | | | |
| OUTPATIENTS | • | 4 | | 878.27CR | | | .00 | | 15.97CR |
| MEDICAL SUPPLIES | 0 | 0 | | .00 | .00 | | .00 | | .00 |
| @DENTIST | 9 | 18 | \$ | 285.00 | \$ 15.83 | .327 | \$ 31.67 | \$ | 5.18 |
| VISITS - DIAGNOSTIC | 9 | 18 | | 285.00 | 15.83 | .327 | 31.67 | | 5.18 |
| ORAL SURGERY | 0 | 0 | | .00 | .00 | .000 | .00 | | .00 |
| DRUGS | 0 | 0 | | .00 | .00 | | .00 | | .00 |
| ANESTHESIA | 0 | 0 | | .00 | .00 | | .00 | | .00 |
| | 0 | 0 | | | | | | | |
| PERIODONTICS | U | U | | .00 | .00 | | .00 | | .00 |
| ENDODONTICS | 0 | 0 | | .00 | .00 | .000 | .00 | | .00 |
| RESTORATIVE DENTISTRY | 0 | 0 | | .00 | .00 | .000 | .00 | | .00 |
| PROSTHETICS | 0 | 0 | | .00 | .00 | .000 | .00 | | .00 |
| DENTURES, STAYPLATES | 0 | 0 | | .00 | .00 | | .00 | | .00 |
| SPACE MAINTAINERS | 0 | 0 | | .00 | .00 | | .00 | | .00 |
| | 0 | 0 | | | | | | | |
| MAXILLOFACIAL SERVICES | U | U | | .00 | .00 | | .00 | | .00 |
| FRACTURES, DISLOCATIONS | U | U | | .00 | .00 | | .00 | | .00 |
| ORTHODONTIC SERVICES | 0 | 0 | | .00 | .00 | .000 | .00 | | .00 |
| ALL OTHER SERVICES | 0 | 0 | | .00 | .00 | .000 | .00 | | .00 |
| #CALIF DEPT OF HEALTH SERV | MEDI-CAL SERVIO | CES AND EXPENDITU | RES 1 | MONTH-OF-PAYMENT RE | PORT FOR JA | N 2004 THRU 1 | DEC 2004 | E | PAGE 1,098 |
| MOP024 | FEE-FOR-SERVICE | | | | | | | | 03/14/05 |
| BUTTE COUNTY | | | ONC | TERM CARE - BLIND | AID CO | UE 33 | | | 00/11/00 |
| BOTTE COONTT | SOMMANT OF SERV | VICES FOR MIN L | ONG | TERM CARE DEIND | AID CC | | ONTHLY AVERA | CE | |
| EE DI LOIDI DO | HOEDO | INITED OF OFFICE | _ | | 717ED7CE CC | | | 4GE | |
| 55 ELIGIBLES | USERS | UNITS OF SERVIC | | EXPENDITURES | | ST UNITS/DAY | | | COST PER |
| | | OR DAYS OF CAR | E | | | DAY PER ELIG | USER | | ELIGIBLE |
| @OPTOMETRIST | 1 | 3 | \$ | 42.85 | \$ 14.28 | .055 | \$ 42.85 | \$ | .78 |
| DIAGNOSTIC AND ANC. PROCED | 0 | 0 | | .00 | .00 | .000 | .00 | | .00 |
| EYE APPLIANCES | 1 | 3 | | 42.85 | 14.28 | .055 | 42.85 | | .78 |
| OTHER OPTOMETRIC SERVICES | 0 | 0 | | .00 | .00 | | .00 | | .00 |
| @CHIROPRACTOR | 0 | 0 | \$ | | \$.00 | | | ċ | .00 |
| - | ŭ | | Ą | | • | | • | Ą | |
| VISITS | 0 | 0 | | .00 | .00 | | .00 | | .00 |
| OTHER SERVICES | 0 | 0 | | .00 | .00 | | .00 | | .00 |
| @PODIATRIST | 3 | 4 | \$ | 9.81 | \$ 2.45 | .073 | \$ 3.27 | \$ | .18 |
| MEDICINE/INJECTIONS | 0 | 0 | | .00 | .00 | .000 | .00 | | .00 |
| SURGERY/ANES. | 0 | 0 | | .00 | .00 | | .00 | | .00 |
| RADIO./PATHOLOGY | 0 | 0 | | .00 | .00 | | .00 | | .00 |
| | | | | | | | | | |
| OTHER | 3 | 4 | _ | 9.81 | 2.45 | | 3.27 | _ | .18 |
| @HOME HEALTH AGENCY | 0 | 0 | \$ | .00 | \$.00 | | \$.00 | | .00 |
| NURSE ANESTHESIST | 0 | 0 | \$ | .00 | \$.00 | .000 | \$.00 | \$ | .00 |
| | | | | | | | | | |

| NURSE MIDWIFE | 0 | 0 | \$ | .00 | \$ | .00 | .000 | \$ | .00 | \$ | .00 |
|------------------------------|-----------------|------------------|--------|--------------------|-------|------------|---------------|--------|-------------------|------|-----------|
| PEDIATRIC NURSE PRACTITIONER | 0 | 0 | \$ | .00 | \$ | .00 | .000 | \$ | .00 | \$ | .00 |
| FAMILY NURSE PRACTITIONER | 0 | 0 | \$ | .00 | \$ | .00 | .000 | \$ | .00 | \$ | .00 |
| @TOTAL HOSPITAL | 2 | 14 | Ś | 1,054.29 | Ś | 75.31 | .255 | | 527.15 | | 19.17 |
| HOSP INPATIENT TOTAL | 1 | 0 | 7 | 876.00 | 4 | .00 | .000 | 7 | 876.00 | т | 15.93 |
| HSC HOSPITALS | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| | 0 | 0 | | | | | | | | | |
| NON-HSC HOSPITAL TOTAL | U | U | | .00 | | .00 | .000 | | .00 | | .00 |
| ACCOMMODATIONS | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| ADMINISTRATIVE DAYS | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| TRANSITIONAL IP CARE | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| ALL OTHER ACCOM | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| ANCILLARIES | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| INPATIENT CROSSOVERS | 1 | 0 | | 876.00 | | .00 | .000 | | 876.00 | | 15.93 |
| ALL OTHER INPATIENT | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| HOSP OUTPATIENT TOTAL | 3 | 14 | | 178.29 | | 12.74 | .255 | | 89.15 | | 3.24 |
| | 2 | 0 | | | | | | | | | |
| MEDICAL | U | | | .00 | | .00 | .000 | | .00 | | .00 |
| SURGERY | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| PATHOLOGY | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| RADIOLOGY | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| ROOM USE | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| CROSSOVERS/ALL OTH OUTPINT | 2. | 14 | | 178.29 | | 12.74 | .255 | | 89.15 | | 3.24 |
| @COUNTY HOSPITAL TOTAL | <u>_</u> | 0 | \$ | .00 | \$ | .00 | .000 | Ś | .00 | Ś | .00 |
| CO HOSPITAL INPATIENT TOTAL | 0 | 0 | т | .00 | т | .00 | .000 | т | .00 | Τ. | .00 |
| | 0 | 0 | | | | | | | .00 | | |
| HSC HOSPITALS | 0 | 0 | | .00 | | .00 | .000 | | | | .00 |
| NON-HSC HOSPITALS TOTAL | Ü | U | | .00 | | .00 | .000 | | .00 | | .00 |
| ACCOMMODATIONS | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| ADMINISTRATIVE DAYS | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| TRANSITIONAL IP CARE | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| ALL OTHER ACCOM | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| ANCILLARIES | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| INPATIENT CROSSOVERS | Ô | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| ALL OTHER INPATIENT | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| | 0 | 0 | | | | | | | | | |
| CO HOSP OUTPATIENT TOTAL | U | U | | .00 | | .00 | .000 | | .00 | | .00 |
| MEDICAL | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| SURGERY | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| PATHOLOGY | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| RADIOLOGY | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| ROOM USE | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| CROSSOVERS/ALL OTH OUTPINT | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| #CALIF DEPT OF HEALTH SERV | | | RES N | MONTH-OF-PAYMENT R | EPORT | | |)F.C | | P. | AGE 1,099 |
| MOP024 | FEE-FOR-SERVICE | | | | | 1010 01110 | 2001 111110 1 | 200 | 2001 | | 03/14/05 |
| BUTTE COUNTY | | | ONIC D | TEDM CARE DITAD | | ATD CODE | 22 | | | | 03/14/03 |
| BUTTE COUNTY | SUMMARY OF SERV | ICES FOR MN - LC | JNG 1 | TERM CARE - BLIND | | AID CODE | | ``TITT | T 17 7 17 11 11 7 | C.E. | |
| | | | _ | | | | MO | | | | |
| 55 ELIGIBLES | USERS | UNITS OF SERVICE | | EXPENDITURES | | | UNITS/DAYS | s c | | | COST PER |
| | | OR DAYS OF CARE | € | | PER | | PER ELIG | | USER |] | ELIGIBLE |
| @COMMUNITY HOSPITAL TOTAL | 2 | 14 | \$ | 1,054.29 | \$ | 75.31 | .255 | | 527.15 | \$ | 19.17 |
| COMM HOSP INPATIENT TOTAL | 1 | 0 | | 876.00 | | .00 | .000 | | 876.00 | | 15.93 |
| HSC HOSPITALS | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| NON-HSC HOSPITALS TOTAL | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| ACCOMMODATIONS | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| | 0 | 0 | | | | | | | | | |
| ADMINISTRATIVE DAYS | | ŭ | | .00 | | .00 | .000 | | .00 | | .00 |
| TRANSITIONAL IP CARE | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| ALL OTHER ACCOM | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| ANCILLARIES | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| INPATIENT CROSSOVERS | 1 | 0 | | 876.00 | | .00 | .000 | | 876.00 | | 15.93 |
| ALL OTHER INPATIENT | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| | | | | | | | | | | | |

| COMM HOSP OUTPATIENT TOTAL | 2 | 14 | 178.29 | 12.74 | .255 | 89.15 | 3.24 |
|------------------------------|----|-------|------------------|--------------|--------|---------------|---------------|
| MEDICAL | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| SURGERY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PATHOLOGY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| RADIOLOGY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ROOM USE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| CROSSOVERS/ALL OTH OUTPINT | 2 | 14 | 178.29 | 12.74 | .255 | 89.15 | 3.24 |
| @STATE HOSPITAL | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 |
| MENTALLY ILL | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| DEVELOP. DISABLED | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| @NURSING FACILITY | 42 | 1,256 | \$ 125,781.44 | \$ 100.14 | 22.836 | \$ 2994.80 | \$ 2286.94 |
| LEV A-INTERMEDIATE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| LEV B-REHAB MD | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| LEV B-SUBACUTE FREESTANDING | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| LEV B-SUBACUTE HSPTL BASED | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| LEV B-TRANSITIONAL IP CARE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| LEV B-REGULAR | 42 | 1,256 | 125,781.44 | 100.14 | 22.836 | 2994.80 | 2286.94 |
| @INTERMEDIATE CARE FACILDD | 12 | 363 | \$ 55,490.39 | \$ | 6.600 | \$ | \$ 1008.92 |
| ICF DDH | 12 | 363 | 55,490.39 | 152.87 | 6.600 | 4624.20 | 1008.92 |
| ICF DD | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ICF DDN/DDCN | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| @HEMODIALYSIS TOTAL | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 |
| HOSPITAL BASED | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| HEMODIALYSIS CENTER | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| @REHABILITATION FACILITY | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 |
| HOSPITAL BASED | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| INDEPENDENT FACILITY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| @LABORATORY FACILITY | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 |
| PATHOLOGY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| XO AND OTHERS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| @ORGANIZED OUTPATIENT CLINIC | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 |
| CLINIC | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| | | | | | | | |

SURGICENTER 0 0 .00 .00 .000 .00 .00 .00 .00 HEROIN DETOX CLINIC 0 0 .00 .000 .00 .00 .000 .00 RURAL HEALTH CLINIC Ω Ω .00 .00 #CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 1,100 03/14/05 MOP024 FEE-FOR-SERVICE/DENTAL

SUMMARY OF SERVICES FOR MN - LONG TERM CARE - BLIND AID CODE 23

| BOTTE COUNTY | DOMESTIC OF DELL | ATCHO LOW IN TO | 2110 1 | LEIGH CHICE DELIND | | AID CODE | 23 | | | | |
|--------------------------------|------------------|------------------|--------|--------------------|----|------------|------------|-----|-----------|-----|----------|
| | | | | | | | MC | TNC | HLY AVERA | GE. | |
| 55 ELIGIBLES | USERS | UNITS OF SERVICE | 3 | EXPENDITURES | AV | ERAGE COST | UNITS/DAYS | 3 1 | COST PER | | COST PER |
| | | OR DAYS OF CAR | 3 | | PΕ | R UNIT/DAY | PER ELIG | | USER | | ELIGIBLE |
| @ALL OTHER PROVIDERS | 24 | 2,595 | \$ | 2,293.95 | \$ | .88 | 47.182 | \$ | 95.58 | \$ | 41.71 |
| DURABLE MED. EQUIP. | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| BLOOD BANK | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| HEARING AID DISPENSERS | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| MEDICAL TRANSPORTATION | 8 | 79 | | 560.09 | | 7.09 | 1.436 | | 70.01 | | 10.18 |
| AMBULANCES/AIR TRANS | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| OTHER TRANS | 8 | 79 | | 560.09 | | 7.09 | 1.436 | | 70.01 | | 10.18 |
| OTHER SERVICES | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| ACUPUNCTURE | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| ADULT DAY HEALTH CARE CTR | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| GENETIC DISEASE TESTING | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| IHMC, MODEL-NF, NF, AIDS, MSSP | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| OCCUPATIONAL THERAPIST | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| OPTICIAN | 1 | 2 | | 14.34 | | 7.17 | .036 | | 14.34 | | .26 |
| PHYSICAL THERAPIST | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| PORTABLE X-RAY | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| PROSTHETIST/ORTHOTISTS | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| PROSTHETICS | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| ORTHOTICS | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| PSYCHOLOGIST | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| SPEECH AND AUDIOLOGY | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| HOSPICE SERVICES | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| NONINST BIRTHING CENTERS | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| LOCAL EDUCATION AGENCIES | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| EPSDT SUPPLEMENTAL SERVICE | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| RESPIRATORY CARE PRACT. | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| PED SUBACUTE REHAB/WEANING | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| ALL OTHER PROVIDERS | 16 | 2,514 | | 1,719.52 | | .68 | 45.709 | | 107.47 | | 31.26 |
| @CALIF. CHILDREN SERVICES* | 0 | 0 | \$ | .00 | \$ | .00 | .000 | \$ | .00 | \$ | .00 |
| @XOVER EXCLUDING STATE HOSP** | 19 | 31 | \$ | 4,048.75 | \$ | 130.60 | .564 | \$ | 213.09 | \$ | 73.61 |
| A* TOTALS IN THESE ITMES ADE | CTIVEN AC A CEDA | DATE THEODMATION | ттгм | ONT V . | | | | | | | |

^{0*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

BUTTE COUNTY

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 1,101
MOP024 FEE-FOR-SERVICE/DENTAL
BUTTE COUNTY SUMMARY OF SERVICES FOR MN - LONG TERM CARE - DISABLED AID CODE 63

----- MONTHLY AVERAGE -----704 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE @TOTAL, ALL PROVIDERS 812 98,194 \$ 3,826,303.79 \$ 38.97 139.480 \$ 4712.20 \$ 5435.09 148 524 Ś .744 \$ 101.64 \$ 21.37 @PHYSICIANS SERVICES 15,042.46 \$ 28.71 6 7 546.36 285.60 78.05 .010 91.06 OUTPATIENT VISITS .78 78.05 71.40 71.40 4 4 .006 . 41 OFFICE VISITS .00 86.92 .00 .00 .00 .00 .000 HOME VISITS .004 130.38 .000 .00 2 3 260.76 .37 EMERGENCY ROOM PREVENTIVE CARE 0 0 .00 .00 OB VISITS/COMPRE PERI .00 .00 .000 .00 .00

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

| | 0 | 0 | | 0.0 | | 0.0 | 0.00 | | 0.0 | | 0.0 |
|----------------------------|-----------------|--------------------|-------|---------------------|-------|-----------|-----------|------|-----------|------|-----------|
| OTHER OUTPATIENT | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| INPATIENT VISITS | 39 | 134 | | 5,317.33 | | 39.68 | .190 | | 136.34 | | 7.55 |
| HOSPITAL VISITS | 13 | 42 | | 1,655.55 | | 39.42 | .060 | | 127.35 | | 2.35 |
| CRITICAL CARE | 3 | 8 | | 972.80 | | 121.60 | .011 | | 324.27 | | 1.38 |
| SNF/ICF/TRANS IP CARE | 32 | 84 | | 2,688.98 | | 32.01 | .119 | | 84.03 | | 3.82 |
| OPHTHALMOLOGICAL SERVICES | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| EXAMINATIONS | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| | 0 | 0 | | | | | | | | | |
| SERVICES AND MATERIALS | U | | | .00 | | .00 | .000 | | .00 | | .00 |
| INPATIENT HOSPITAL SURGERY | -/ | 10 | | 1,018.11 | | 101.81 | .014 | | 145.44 | | 1.45 |
| PRINCIPAL SURGEON | 7 | 10 | | 1,018.11 | | 101.81 | .014 | | 145.44 | | 1.45 |
| ASSISTANT SURGEON | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| ANESTHESIOLOGIST | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| OUTPATIENT SURGERY | 17 | 75 | | 2,338.81 | | 31.18 | .107 | | 137.58 | | 3.32 |
| PRINCIPAL SURGEON | 6 | 15 | | 873.04 | | 58.20 | .021 | | 145.51 | | 1.24 |
| ASSISTANT SURGEON | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| | - | • | | | | | | | | | |
| ANESTHESIOLOGIST | 11 | 60 | | 1,465.77 | | 24.43 | .085 | | 133.25 | | 2.08 |
| DIALYSIS | 9 | 10 | | 2,525.36 | | 252.54 | .014 | | 280.60 | | 3.59 |
| PATHOLOGY | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| RADIOLOGY | 18 | 61 | | 1,092.19 | | 17.90 | .087 | | 60.68 | | 1.55 |
| PSYCHIATRY | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| IMMUNIZATION AND INJECTION | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| OTHER SERVICES/ALL X-OVERS | 86 | 227 | | 2,204.30 | | 9.71 | .322 | | 25.63 | | 3.13 |
| @PHARMACY | 684 | | Ċ | | ċ | | 38.379 | ċ | | Ċ | |
| • | | 27,019 | \$ | 417,412.65 | \$ | | | Ş | | Ş | 592.92 |
| PRESCRIPTION DRUGS | 675 | 5,791 | | 407,768.64 | | 70.41 | 8.226 | | 604.10 | | 579.22 |
| SNF/ICF | 628 | 5 , 476 | | 381 , 565.33 | | 69.68 | 7.778 | | 607.59 | | 542.00 |
| OUTPATIENTS | 56 | 315 | | 26,203.31 | | 83.19 | .447 | | 467.92 | | 37.22 |
| MEDICAL SUPPLIES | 60 | 21,228 | | 9,644.01 | | .45 | 30.153 | | 160.73 | | 13.70 |
| @DENTIST | 59 | 335 | \$ | 9,833.00 | \$ | 29.35 | .476 | \$ | 166.66 | \$ | 13.97 |
| VISITS - DIAGNOSTIC | 51 | 248 | • | 3,720.00 | · | 15.00 | .352 | | 72.94 | • | 5.28 |
| ORAL SURGERY | 6 | 26 | | 265.00 | | 10.19 | .037 | | 44.17 | | .38 |
| DRUGS | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| | • | | | | | | | | | | |
| ANESTHESIA | 1 | 1 | | 100.00 | | 100.00 | .001 | | 100.00 | | .14 |
| PERIODONTICS | 11 | 21 | | 2,136.00 | | 101.71 | .030 | | 194.18 | | 3.03 |
| ENDODONTICS | 1 | 1 | | .00 | | .00 | .001 | | .00 | | .00 |
| RESTORATIVE DENTISTRY | 12 | 22 | | 1,817.00 | | 82.59 | .031 | | 151.42 | | 2.58 |
| PROSTHETICS | 1 | 1 | | 30.00 | | 30.00 | .001 | | 30.00 | | .04 |
| DENTURES, STAYPLATES | 5 | 9 | | 1,765.00 | | 196.11 | .013 | | 353.00 | | 2.51 |
| SPACE MAINTAINERS | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| MAXILLOFACIAL SERVICES | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| FRACTURES, DISLOCATIONS | 0 | 0 | | | | | | | | | |
| ORTHODONTIC SERVICES | • | • | | .00 | | .00 | .000 | | .00 | | .00 |
| ALL OTHER SERVICES | 3 | 6 | | .00 | | .00 | .009 | | .00 | | .00 |
| #CALIF DEPT OF HEALTH SERV | MEDI-CAL SERVIC | CES AND EXPENDITUR | RES : | MONTH-OF-PAYMENT RE | EPORT | FOR JAN | 2004 THRU | DEC | 2004 | PI | AGE 1,102 |
| MOP024 | FEE-FOR-SERVICE | C/DENTAL | | | | | | | | | 03/14/05 |
| BUTTE COUNTY | SUMMARY OF SERV | VICES FOR MN - LO | ONG | TERM CARE - DISABLE | ΞD | AID CODE | E 63 | | | | |
| | | | | | | | M | ONTI | HLY AVERA | GE - | |
| 704 ELIGIBLES | USERS | UNITS OF SERVICE | 7. | EXPENDITURES | AVEI | RAGE COST | | | | - | COST PER |
| 701 111011110 | ODERO | OR DAYS OF CARE | | EMPLICATION | | | PER ELIG | - | USER | | ELIGIBLE |
| CODEOMEEDICE | 1.1 | | | 606.01 | | | | | | | |
| @OPTOMETRIST | 11 | 27 | \$ | 606.91 | \$ | | .038 | Ş | | Ş | |
| DIAGNOSTIC AND ANC. PROCED | 5 | 5 | | 181.28 | | 36.26 | .007 | | 36.26 | | .26 |
| EYE APPLIANCES | 7 | 21 | | 330.73 | | 15.75 | .030 | | 47.25 | | .47 |
| OTHER OPTOMETRIC SERVICES | 2 | 1 | | 94.90 | | 94.90 | .001 | | 47.45 | | .13 |
| @CHIROPRACTOR | 0 | 0 | \$ | .00 | \$ | .00 | .000 | \$ | .00 | \$ | .00 |
| VISITS | 0 | 0 | • | .00 | | .00 | .000 | | .00 | | .00 |
| OTHER SERVICES | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| @PODIATRIST | 16 | 17 | \$ | 274.16 | Ś | 16.13 | .024 | S | | Ś | .39 |
| GIODIVITAT | 10 | Ι/ | Y | 2/4.10 | Y | TO.TO | .024 | ۲ | T / • T 4 | Y | • 33 |
| | | | | | | | | | | | |

| MEDICINE/INJECTIONS | 7 | 7 | 214.10 | 30.59 | .010 | 30.59 | .30 |
|------------------------------|-----------------|-------------------------|--------------------|----------------|---------------|----------|------------|
| SURGERY/ANES. | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| RADIO./PATHOLOGY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OTHER | 9 | 10 | 60.06 | 6.01 | .014 | 6.67 | .09 |
| @HOME HEALTH AGENCY | 0 | 0 \$ | .00 | \$.00 | .000 \$ | .00 | \$.00 |
| NURSE ANESTHESIST | 2 | 13 \$ | 260.51 | \$ 20.04 | .018 \$ | 130.26 | \$.37 |
| | 0 | 0 \$ | | | | .00 | |
| NURSE MIDWIFE | 0 | | .00 | \$.00 | .000 \$ | | |
| PEDIATRIC NURSE PRACTITIONER | • | 0 \$ | .00 | \$.00 | .000 \$ | .00 | \$.00 |
| FAMILY NURSE PRACTITIONER | 0 | 0 \$ | .00 | \$.00 | .000 \$ | .00 | \$.00 |
| @TOTAL HOSPITAL | 112 | 456 \$ | 112,272.37 | \$ 246.21 | .648 \$ | 1002.43 | |
| HOSP INPATIENT TOTAL | 21 | 30 | 103,154.46 | 3438.48 | .043 | 4912.12 | 146.53 |
| HSC HOSPITALS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| NON-HSC HOSPITAL TOTAL | 4 | 30 | 85 , 049.46 | 2834.98 | .043 | 21262.37 | 120.81 |
| ACCOMMODATIONS | 4 | 30 | 21,368.28 | 712.28 | .043 | 5342.07 | 30.35 |
| ADMINISTRATIVE DAYS | 1 | 1 | 173.48 | 173.48 | .001 | 173.48 | .25 |
| TRANSITIONAL IP CARE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER ACCOM | 3 | 29 | 21,194.80 | 730.86 | .041 | 7064.93 | 30.11 |
| ANCILLARIES | 4 | 0 | 63,681.18 | .00 | .000 | 15920.30 | 90.46 |
| INPATIENT CROSSOVERS | 17 | 0 | 18,105.00 | .00 | .000 | 1065.00 | 25.72 |
| ALL OTHER INPATIENT | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| HOSP OUTPATIENT TOTAL | 101 | 426 | 9,117.91 | 21.40 | .605 | 90.28 | 12.95 |
| MEDICAL | 7 | 18 | 971.60 | 53.98 | .026 | 138.80 | 1.38 |
| | 7 | 7 | 358.56 | | | | |
| SURGERY | 37 | | | 51.22 | .010 | 51.22 | .51 |
| PATHOLOGY | | 165 | 1,795.37 | 10.88 | .234 | 48.52 | 2.55 |
| RADIOLOGY | 7 | 9 | 1,131.30 | 125.70 | .013 | 161.61 | 1.61 |
| ROOM USE | 12 | 34 | 1,738.52 | 51.13 | .048 | 144.88 | 2.47 |
| CROSSOVERS/ALL OTH OUTPTNT | 60 | 193 | 3,122.56 | 16.18 | .274 | 52.04 | 4.44 |
| @COUNTY HOSPITAL TOTAL | 0 | 0 \$ | .00 | \$.00 | .000 \$ | .00 | \$.00 |
| CO HOSPITAL INPATIENT TOTAL | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| HSC HOSPITALS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| NON-HSC HOSPITALS TOTAL | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ACCOMMODATIONS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ADMINISTRATIVE DAYS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| TRANSITIONAL IP CARE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER ACCOM | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ANCILLARIES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| INPATIENT CROSSOVERS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER INPATIENT | 0 | Ô | .00 | .00 | .000 | .00 | .00 |
| CO HOSP OUTPATIENT TOTAL | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| MEDICAL | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| SURGERY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PATHOLOGY | 0 | 0 | | | | | |
| RADIOLOGY | 0 | | .00 | .00 | .000 | .00 | .00 |
| ROOM USE | U | 0 | .00 | .00 | .000 | .00 | .00 |
| CROSSOVERS/ALL OTH OUTPINT | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| #CALIF DEPT OF HEALTH SERV | | ES AND EXPENDITURES MOI | NTH-OF-PAYMENT RE | PORT FOR JAN 2 | 2004 THRU DEC | 3 2004 | PAGE 1,103 |
| MOP024 | FEE-FOR-SERVICE | | | | | | 03/14/05 |
| BUTTE COUNTY | SUMMARY OF SERV | ICES FOR MN - LONG TE | RM CARE - DISABLE | | | | |
| | | | | | MONT | | |
| 704 ELIGIBLES | USERS | UNITS OF SERVICE | EXPENDITURES | AVERAGE COST | | | COST PER |
| | | OR DAYS OF CARE | | PER UNIT/DAY | | USER | ELIGIBLE |
| @COMMUNITY HOSPITAL TOTAL | 112 | 456 \$ | 112,272.37 | \$ 246.21 | .648 \$ | 1002.43 | \$ 159.48 |
| COMM HOSP INPATIENT TOTAL | 21 | 30 | 103,154.46 | 3438.48 | .043 | 4912.12 | 146.53 |
| HSC HOSPITALS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| NON-HSC HOSPITALS TOTAL | 4 | 30 | 85,049.46 | 2834.98 | .043 | 21262.37 | 120.81 |
| ACCOMMODATIONS | 4 | 30 | 21,368.28 | 712.28 | .043 | 5342.07 | 30.35 |
| | _ | | , | | | | |

| ADMINISTRATIVE DAYS | 1 | 1 | | 173.48 | | 173.48 | .001 | | 173.48 | | .25 |
|------------------------------|-----------------|-----------------|----------|---------------------|----------|------------|-----------|----------|-----------|----------|-----------|
| | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| TRANSITIONAL IP CARE | 3 | 29 | | | | | | | | | |
| ALL OTHER ACCOM | 3 | | | 21,194.80 | | 730.86 | .041 | | 7064.93 | | 30.11 |
| ANCILLARIES | - | 0 | | 63,681.18 | | .00 | .000 | | 15920.30 | | 90.46 |
| INPATIENT CROSSOVERS | 17 | 0 | | 18,105.00 | | .00 | .000 | | 1065.00 | | 25.72 |
| ALL OTHER INPATIENT | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| COMM HOSP OUTPATIENT TOTAL | 101 | 426 | | 9,117.91 | | 21.40 | .605 | | 90.28 | | 12.95 |
| MEDICAL | 7 | 18 | | 971.60 | | 53.98 | .026 | | 138.80 | | 1.38 |
| SURGERY | 7 | 7 | | 358.56 | | 51.22 | .010 | | 51.22 | | .51 |
| PATHOLOGY | 37 | 165 | | 1,795.37 | | 10.88 | .234 | | 48.52 | | 2.55 |
| RADIOLOGY | 7 | 9 | | 1,131.30 | | 125.70 | .013 | | 161.61 | | 1.61 |
| ROOM USE | 12 | 34 | | 1,738.52 | | 51.13 | .048 | | 144.88 | | 2.47 |
| CROSSOVERS/ALL OTH OUTPTNT | 60 | 193 | | 3,122.56 | | 16.18 | .274 | | 52.04 | | 4.44 |
| @STATE HOSPITAL | 0 | 0 | \$ | 89.10 | \$ | .00 | .000 | \$ | .00 | \$ | .13 |
| MENTALLY ILL | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| DEVELOP. DISABLED | 0 | 0 | | 89.10 | | .00 | .000 | | .00 | | .13 |
| @NURSING FACILITY | 409 | 12,103 | \$ | 1,791,324.40 | Ś | 148.01 | 17.192 | \$ | 4379.77 | Ś | 2544.49 |
| LEV A-INTERMEDIATE | 0 | , | | .00 | | .00 | .000 | | .00 | | .00 |
| LEV B-REHAB MD | 10 | 366 | | 41,963.12 | | 114.65 | .520 | | 4196.31 | | 59.61 |
| LEV B-SUBACUTE FREESTANDING | 24 | 797 | | 279,401.86 | | 350.57 | 1.132 | | 11641.74 | | 396.88 |
| LEV B-SUBACUTE HSPTL BASED | 19 | 666 | | 378,187.21 | | 567.85 | .946 | | 19904.59 | | 537.20 |
| LEV B-TRANSITIONAL IP CARE | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| LEV B-REGULAR | | 10,274 | | 1,091,772.21 | | 106.27 | 14.594 | | 3066.78 | | 1550.81 |
| @INTERMEDIATE CARE FACILDD | 356 289 | 8,545 | \$ | 1,408,338.62 | \$ | 164.81 | 12.138 | Ċ | 4873.14 | Ċ | |
| ICF DDH | 197 | 5,830 | Y | 897,647.12 | Ÿ | 153.97 | 8.281 | Y | 4556.58 | Y | 1275.07 |
| ICF DD | 0 | 0,030 | | .00 | | .00 | .000 | | .00 | | .00 |
| ICF DDN/DDCN | 93 | 2,715 | | 510,691.50 | | 188.10 | 3.857 | | 5491.31 | | 725.41 |
| @HEMODIALYSIS TOTAL | 9 | 2 , 713 | Ċ | | Ċ | 173.27 | | \$ | 1867.50 | Ċ | 23.87 |
| • | 0 | 0 | \$ | 16,807.52 | \$ | | .138 | Þ | | Þ | |
| HOSPITAL BASED | 9 | • | | .00 | | .00 | .000 | | .00 | | .00 |
| HEMODIALYSIS CENTER | - | 97 | <u>^</u> | 16,807.52 | <u> </u> | 173.27 | .138 | <u> </u> | 1867.50 | <u>^</u> | 23.87 |
| @REHABILITATION FACILITY | 0 | 0 | \$ | .00 | \$ | .00 | .000 | \$ | .00 | Ş | .00 |
| HOSPITAL BASED | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| INDEPENDENT FACILITY | 0 | 0 | _ | .00 | _ | .00 | .000 | _ | .00 | _ | .00 |
| @LABORATORY FACILITY | 14 | 57 | \$ | 760.30 | \$ | 13.34 | .081 | Ş | 54.31 | Ş | 1.08 |
| PATHOLOGY | 13 | 47 | | 748.00 | | 15.91 | .067 | | 57.54 | | 1.06 |
| XO AND OTHERS | 1 | 10 | | 12.30 | | 1.23 | .014 | | 12.30 | | .02 |
| @ORGANIZED OUTPATIENT CLINIC | 64 | 128 | \$ | 4,702.86 | \$ | 36.74 | .182 | \$ | 73.48 | \$ | 6.68 |
| CLINIC | 1 | 1 | | 18.88 | | 18.88 | .001 | | 18.88 | | .03 |
| SURGICENTER | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| HEROIN DETOX CLINIC | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| RURAL HEALTH CLINIC | 63 | 127 | | 4,683.98 | | 36.88 | .180 | | 74.35 | | 6.65 |
| #CALIF DEPT OF HEALTH SERV | | | RES | MONTH-OF-PAYMENT R | EPORT | FOR JAN 2 | 2004 THRU | DEC | 2004 | P. | AGE 1,104 |
| MOP024 | FEE-FOR-SERVICE | /DENTAL | | | | | | | | | 03/14/05 |
| BUTTE COUNTY | SUMMARY OF SERV | ICES FOR MN - L | ONG | TERM CARE - DISABLE | ED | AID CODE | 63 | | | | |
| | | | | | | | M | | HLY AVERA | .GE | |
| 704 ELIGIBLES | USERS | UNITS OF SERVIC | E | EXPENDITURES | AVE | RAGE COST | UNITS/DAY | S | COST PER | | COST PER |
| | | OR DAYS OF CAR | E | | PEF | R UNIT/DAY | PER ELIG | j | USER | | ELIGIBLE |
| @ALL OTHER PROVIDERS | 294 | 48,873 | \$ | 48,578.93 | \$ | .99 | 69.422 | \$ | 165.23 | \$ | 69.00 |
| DURABLE MED. EQUIP. | 15 | 298 | | 9,844.57 | | 33.04 | .423 | | 656.30 | | 13.98 |
| BLOOD BANK | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| HEARING AID DISPENSERS | 5 | 6 | | 1,309.06 | | 218.18 | .009 | | 261.81 | | 1.86 |
| MEDICAL TRANSPORTATION | 108 | 1,543 | | 10,432.45 | | 6.76 | 2.192 | | 96.60 | | 14.82 |
| AMBULANCES/AIR TRANS | 13 | 136 | | 1,948.15 | | 14.32 | .193 | | 149.86 | | 2.77 |
| OTHER TRANS | 96 | 1,402 | | 8,445.20 | | 6.02 | 1.991 | | 87.97 | | 12.00 |
| OTHER SERVICES | 4 | 5 | | 39.10 | | 7.82 | .007 | | 9.78 | | .06 |
| ACUPUNCTURE | Ō | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| * * - * - * - · · · · | Č . | 3 | | .00 | | | • • • • | | • • • • | | , , , |

| ADULT DAY HEALTH CARE CTR | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
|------------------------------------|------------------|----------------|----------|-----------|------------|--------|--------------|-------------|
| GENETIC DISEASE TESTING | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| IHMC, MODEL-NF, NF, AIDS, MSSP | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| OCCUPATIONAL THERAPIST | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| OPTICIAN | 11 | 25 | | 273.56 | 10.94 | .036 | 24.87 | .39 |
| PHYSICAL THERAPIST | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| PORTABLE X-RAY | 3 | 4 | | 62.54 | 15.64 | .006 | 20.85 | .09 |
| PROSTHETIST/ORTHOTISTS | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| PROSTHETICS | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| ORTHOTICS | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| PSYCHOLOGIST | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| SPEECH AND AUDIOLOGY | 40 | 117 | | 4,508.86 | 38.54 | .166 | 112.72 | 6.40 |
| HOSPICE SERVICES | 2 | 27 | | 3,067.74 | 113.62 | .038 | 1533.87 | 4.36 |
| NONINST BIRTHING CENTERS | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| LOCAL EDUCATION AGENCIES | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| EPSDT SUPPLEMENTAL SERVICE | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| RESPIRATORY CARE PRACT. | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| PED SUBACUTE REHAB/WEANING | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER PROVIDERS | 163 | 46,853 | | 19,080.15 | .41 | 66.553 | 117.06 | 27.10 |
| @CALIF. CHILDREN SERVICES* | 0 | 0 | \$ | .00 | \$.00 | .000 | \$.00 | \$.00 |
| @XOVER EXCLUDING STATE HOSP** | 277 | 43,848 | \$ | 67,589.60 | \$ 1.54 | 62.284 | \$ 244.01 | \$ 96.01 |
| 0+ MOMATO TAL MURCE TIMES ADE CIVE | NI AC A CEDADAME | TATEODATABLEON | TERM ONT | 7 - | | | | |

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

| #CALIF DEPT OF HEALTH SERV | MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 | PAGE 1,105 |
|----------------------------|---|------------|
| MOP024 | FEE-FOR-SERVICE/DENTAL | 03/14/05 |
| BUTTE COUNTY | SUMMARY OF SERVICES FOR MN - LONG TERM CARE - FAMILIES DISCONTINUED | |

| | | | | | | | MC | NTHLY AVERA | .GE | |
|-----------------------|-------|-----------------|----|--------------|--------|---------|------------|-------------|-----|----------|
| 00 ELIGIBLES | USERS | UNITS OF SERVIC | Œ | EXPENDITURES | AVERA(| GE COST | UNITS/DAYS | COST PER | | COST PER |
| | | OR DAYS OF CAR | RE | | PER U | NIT/DAY | PER ELIG | USER | | ELIGIBLE |
| @TOTAL, ALL PROVIDERS | 0 | 0 | \$ | .00 | \$ | .00 | .000 | \$.00 | \$ | .00 |
| @PHYSICIANS SERVICES | 0 | 0 | \$ | .00 | \$ | .00 | .000 | \$.00 | \$ | .00 |

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

| OUTPATIENT VISITS | 0 | 0 | | | .00 | | .00 | .000 | | .00 | | .00 |
|----------------------------|-----------------|------------------|------|-------------|----------|----------|-----------------|---------|------|----------|-----|----------|
| OFFICE VISITS | 0 | 0 | | | .00 | | .00 | .000 | | .00 | | .00 |
| HOME VISITS | 0 | 0 | | | .00 | | .00 | .000 | | .00 | | .00 |
| EMERGENCY ROOM | 0 | 0 | | | .00 | | .00 | .000 | | .00 | | .00 |
| PREVENTIVE CARE | 0 | 0 | | | .00 | | .00 | .000 | | .00 | | .00 |
| OB VISITS/COMPRE PERI | 0 | 0 | | | .00 | | .00 | .000 | | .00 | | .00 |
| OTHER OUTPATIENT | 0 | 0 | | | .00 | | .00 | .000 | | .00 | | .00 |
| INPATIENT VISITS | 0 | 0 | | | .00 | | .00 | .000 | | .00 | | .00 |
| HOSPITAL VISITS | 0 | 0 | | | .00 | | .00 | .000 | | .00 | | .00 |
| CRITICAL CARE | 0 | 0 | | | .00 | | .00 | .000 | | .00 | | .00 |
| SNF/ICF/TRANS IP CARE | 0 | 0 | | | .00 | | .00 | .000 | | .00 | | .00 |
| OPHTHALMOLOGICAL SERVICES | 0 | 0 | | | .00 | | .00 | .000 | | .00 | | .00 |
| EXAMINATIONS | 0 | 0 | | | .00 | | .00 | .000 | | .00 | | .00 |
| SERVICES AND MATERIALS | 0 | 0 | | | .00 | | .00 | .000 | | .00 | | .00 |
| INPATIENT HOSPITAL SURGERY | 0 | 0 | | | .00 | | .00 | .000 | | .00 | | .00 |
| PRINCIPAL SURGEON | 0 | 0 | | | .00 | | .00 | .000 | | .00 | | .00 |
| ASSISTANT SURGEON | 0 | 0 | | | .00 | | .00 | .000 | | .00 | | .00 |
| ANESTHESIOLOGIST | 0 | 0 | | | .00 | | .00 | .000 | | .00 | | .00 |
| OUTPATIENT SURGERY | 0 | 0 | | | .00 | | .00 | .000 | | .00 | | .00 |
| PRINCIPAL SURGEON | 0 | 0 | | | .00 | | .00 | .000 | | .00 | | .00 |
| ASSISTANT SURGEON | 0 | 0 | | | .00 | | .00 | .000 | | .00 | | .00 |
| ANESTHESIOLOGIST | 0 | 0 | | | .00 | | .00 | .000 | | .00 | | .00 |
| DIALYSIS | 0 | 0 | | | .00 | | .00 | .000 | | .00 | | .00 |
| PATHOLOGY | 0 | 0 | | | .00 | | .00 | .000 | | .00 | | .00 |
| RADIOLOGY | 0 | 0 | | | .00 | | .00 | .000 | | .00 | | .00 |
| PSYCHIATRY | 0 | 0 | | | .00 | | .00 | .000 | | .00 | | .00 |
| IMMUNIZATION AND INJECTION | 0 | 0 | | | .00 | | .00 | .000 | | .00 | | .00 |
| OTHER SERVICES/ALL X-OVERS | 0 | 0 | | | .00 | | .00 | .000 | | .00 | | .00 |
| @PHARMACY | 0 | 0 | \$ | | .00 | \$ | .00 | .000 | \$ | | \$ | .00 |
| PRESCRIPTION DRUGS | 0 | 0 | Y | | .00 | Y | .00 | .000 | ٧ | .00 | ٧ | .00 |
| SNF/ICF | 0 | 0 | | | .00 | | .00 | .000 | | .00 | | .00 |
| OUTPATIENTS | 0 | 0 | | | .00 | | .00 | .000 | | .00 | | .00 |
| MEDICAL SUPPLIES | 0 | 0 | | | .00 | | .00 | .000 | | .00 | | .00 |
| @DENTIST | 0 | 0 | \$ | | .00 | \$ | .00 | .000 | \$ | | \$ | .00 |
| VISITS - DIAGNOSTIC | 0 | 0 | Y | | .00 | Y | .00 | .000 | ٧ | .00 | ٧ | .00 |
| ORAL SURGERY | 0 | 0 | | | .00 | | .00 | .000 | | .00 | | .00 |
| DRUGS | 0 | 0 | | | .00 | | .00 | .000 | | .00 | | .00 |
| ANESTHESIA | 0 | 0 | | | .00 | | .00 | .000 | | .00 | | .00 |
| PERIODONTICS | 0 | 0 | | | .00 | | .00 | .000 | | .00 | | .00 |
| ENDODONTICS | 0 | 0 | | | .00 | | .00 | .000 | | .00 | | .00 |
| RESTORATIVE DENTISTRY | 0 | 0 | | | .00 | | .00 | .000 | | .00 | | .00 |
| PROSTHETICS | 0 | 0 | | | .00 | | .00 | .000 | | .00 | | .00 |
| DENTURES, STAYPLATES | 0 | 0 | | | .00 | | .00 | .000 | | .00 | | .00 |
| SPACE MAINTAINERS | 0 | 0 | | | .00 | | .00 | .000 | | .00 | | .00 |
| MAXILLOFACIAL SERVICES | 0 | 0 | | | .00 | | .00 | .000 | | .00 | | .00 |
| FRACTURES, DISLOCATIONS | 0 | 0 | | | .00 | | .00 | .000 | | .00 | | .00 |
| ORTHODONTIC SERVICES | 0 | 0 | | | .00 | | .00 | .000 | | .00 | | .00 |
| ALL OTHER SERVICES | 0 | 0 | | | .00 | | .00 | 000 | | .00 | | .00 |
| #CALIF DEPT OF HEALTH SERV | | | OFC | MONTULOF-D | | | | | | | D | |
| | FEE-FOR-SERVICE | | (LL) | MONTH OF EA | AIMENI N | DEOINI I | FOR UAN 200 | 4 11110 | טביכ | 2004 | | 03/14/05 |
| BUTTE COUNTY | | ICES FOR MN - LO | NC | TERM CARE | - FAMILI | EG D. | T SCONT T NITED | | | | | 03/14/03 |
| DOTTE COONTI | DOMMANT OF DERV | ICES FOR PIN L | JING | TERM CARE | FARITHI | D. | | | ОМТН | LY AVERA | GE. | |
| 00 ELIGIBLES | USERS | UNITS OF SERVICE | 3 | FXPF.N | DITURES | AVER | AGE COST UN | | | | | |
| 00 2110100 | 00110 | OR DAYS OF CAR | | | | | JNIT/DAY P | | | USER | | ELIGIBLE |
| @OPTOMETRIST | 0 | 0 | | | .00 | | .00 | .000 | | | | |
| DIAGNOSTIC AND ANC. PROCED | 0 | 0 | т | | .00 | т | .00 | .000 | т | .00 | 7 | .00 |
| | • | 9 | | | • • • • | | • • • | | | • • • • | | |

| EVE ADDITANCEC | 0 | 0 | | 0.0 | 0.0 | 0.00 | 0.0 | 0.0 |
|------------------------------|-------------------------|--------------|--------------|------------|----------------|-------------|------|------------|
| EYE APPLIANCES | | • | | .00 | .00 | .000 | .00 | .00 |
| OTHER OPTOMETRIC SERVICES | 0 | 0 | _ | .00 | .00 | .000 | .00 | .00 |
| @CHIROPRACTOR | 0 | | \$ | | \$.00 | .000 \$ | | \$.00 |
| VISITS | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| OTHER SERVICES | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| @PODIATRIST | 0 | 0 | \$ | .00 | \$.00 | .000 \$ | .00 | \$.00 |
| MEDICINE/INJECTIONS | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| SURGERY/ANES. | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| RADIO./PATHOLOGY | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| OTHER | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| @HOME HEALTH AGENCY | 0 | | \$ | | \$.00 | .000 \$ | | \$.00 |
| NURSE ANESTHESIST | 0 | | \$ | | \$.00 | .000 \$ | | \$.00 |
| | 0 | | \$ | | \$.00 | .000 \$ | | \$.00 |
| NURSE MIDWIFE | 0 | | | | | • | | |
| PEDIATRIC NURSE PRACTITIONER | 0 | | \$ | | \$.00 | .000 \$ | | \$.00 |
| FAMILY NURSE PRACTITIONER | 0 | 0 | \$ | | \$.00 | .000 \$ | | \$.00 |
| @TOTAL HOSPITAL | 0 | 0 | Ş | • • • | \$.00 | .000 \$ | | \$.00 |
| HOSP INPATIENT TOTAL | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| HSC HOSPITALS | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| NON-HSC HOSPITAL TOTAL | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| ACCOMMODATIONS | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| ADMINISTRATIVE DAYS | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| TRANSITIONAL IP CARE | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER ACCOM | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| ANCILLARIES | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| INPATIENT CROSSOVERS | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| | 0 | 0 | | | | | | |
| ALL OTHER INPATIENT | - | 0 | | .00 | .00 | .000 | .00 | .00 |
| HOSP OUTPATIENT TOTAL | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| MEDICAL | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| SURGERY | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| PATHOLOGY | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| RADIOLOGY | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| ROOM USE | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| CROSSOVERS/ALL OTH OUTPINT | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| @COUNTY HOSPITAL TOTAL | 0 | 0 | Ś | .00 | \$.00 | .000 \$ | .00 | \$.00 |
| CO HOSPITAL INPATIENT TOTAL | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| HSC HOSPITALS | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| NON-HSC HOSPITALS TOTAL | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| ACCOMMODATIONS | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| | 0 | 0 | | | | | | |
| ADMINISTRATIVE DAYS | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| TRANSITIONAL IP CARE | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER ACCOM | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| ANCILLARIES | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| INPATIENT CROSSOVERS | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER INPATIENT | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| CO HOSP OUTPATIENT TOTAL | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| MEDICAL | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| SURGERY | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| PATHOLOGY | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| RADIOLOGY | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| ROOM USE | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| CROSSOVERS/ALL OTH OUTPTNT | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| #CALIF DEPT OF HEALTH SERV | MEDI-CAL SERVICES AND | | C WUNDH-UE L | | | | | PAGE 1,107 |
| | | PVEFINDTIOKE | P MONIU-OF-F | WINDMI KEL | ONI FOR UMN 20 | OH TUVO DEC | 2004 | • |
| MOP024 | FEE-FOR-SERVICE/DENTAL | D MNI TON | C MEDW CARE | DAMETER | DIGGONMIN | ID. | | 03/14/05 |
| BUTTE COUNTY | SUMMARY OF SERVICES FOR | K MN - TON | G TERM CARE | - FAMILIES | DISCONTINUE | חי | | |

| | | OR DAYS OF CARE | | | | DFR | UNIT/DAY | PER ELIG | | USER | | ELIGIBLE |
|---|-----------------|-------------------|----------|-------------|-----------|----------|--------------|------------|----------|-----------|----------|------------|
| @COMMUNITY HOSPITAL TOTAL | 0 | OR DATS OF CARE | \$ | | .00 | \$ | .00 | .000 | | .00 | \$ | .00 |
| COMM HOSP INPATIENT TOTAL | 0 | 0 | Ψ | | .00 | т | .00 | .000 | т | .00 | т | .00 |
| HSC HOSPITALS | 0 | 0 | | | .00 | | .00 | .000 | | .00 | | .00 |
| NON-HSC HOSPITALS TOTAL | 0 | 0 | | | .00 | | .00 | .000 | | .00 | | .00 |
| ACCOMMODATIONS | 0 | 0 | | | .00 | | .00 | .000 | | .00 | | .00 |
| ADMINISTRATIVE DAYS | 0 | 0 | | | .00 | | .00 | .000 | | .00 | | .00 |
| TRANSITIONAL IP CARE | 0 | 0 | | | .00 | | .00 | .000 | | .00 | | .00 |
| ALL OTHER ACCOM | 0 | 0 | | | .00 | | .00 | .000 | | .00 | | .00 |
| ANCILLARIES | 0 | 0 | | | .00 | | .00 | .000 | | .00 | | .00 |
| INPATIENT CROSSOVERS | 0 | 0 | | | .00 | | .00 | .000 | | .00 | | .00 |
| ALL OTHER INPATIENT | 0 | 0 | | | .00 | | .00 | .000 | | .00 | | .00 |
| COMM HOSP OUTPATIENT TOTAL | 0 | 0 | | | .00 | | .00 | .000 | | .00 | | .00 |
| MEDICAL | 0 | 0 | | | .00 | | .00 | .000 | | .00 | | .00 |
| SURGERY | 0 | 0 | | | .00 | | .00 | .000 | | .00 | | .00 |
| PATHOLOGY | 0 | 0 | | | .00 | | .00 | .000 | | .00 | | .00 |
| RADIOLOGY | 0 | 0 | | | .00 | | .00 | .000 | | .00 | | .00 |
| ROOM USE | 0 | 0 | | | .00 | | .00 | .000 | | .00 | | .00 |
| CROSSOVERS/ALL OTH OUTPINT | 0 | 0 | | | .00 | | .00 | .000 | | .00 | | .00 |
| @STATE HOSPITAL | 0 | 0 | \$ | | .00 | \$ | .00 | .000 | \$ | .00 | \$ | .00 |
| MENTALLY ILL | 0 | 0 | | | .00 | | .00 | .000 | | .00 | | .00 |
| DEVELOP. DISABLED | 0 | 0 | | | .00 | | .00 | .000 | | .00 | | .00 |
| @NURSING FACILITY | 0 | 0 | \$ | | .00 | \$ | .00 | .000 | \$ | .00 | \$ | .00 |
| LEV A-INTERMEDIATE | 0 | 0 | | | .00 | | .00 | .000 | | .00 | | .00 |
| LEV B-REHAB MD | 0 | 0 | | | .00 | | .00 | .000 | | .00 | | .00 |
| LEV B-SUBACUTE FREESTANDING | 0 | 0 | | | .00 | | .00 | .000 | | .00 | | .00 |
| LEV B-SUBACUTE HSPTL BASED | 0 | 0 | | | .00 | | .00 | .000 | | .00 | | .00 |
| LEV B-TRANSITIONAL IP CARE | 0 | 0 | | | .00 | | .00 | .000 | | .00 | | .00 |
| LEV B-REGULAR | 0 | 0 | | | .00 | | .00 | .000 | | .00 | | .00 |
| @INTERMEDIATE CARE FACILDD | 0 | 0 | \$ | | .00 | \$ | .00 | .000 | \$ | .00 | \$ | .00 |
| ICF DDH | 0 | 0 | | | .00 | | .00 | .000 | | .00 | | .00 |
| ICF DD | 0 | 0 | | | .00 | | .00 | .000 | | .00 | | .00 |
| ICF DDN/DDCN | 0 | 0 | <u> </u> | | .00 | <u> </u> | .00 | .000 | <u> </u> | .00 | <u>^</u> | .00 |
| @HEMODIALYSIS TOTAL | 0 | 0 | \$ | | .00 | \$ | .00 | .000 | \$ | .00 | \$ | .00 |
| HOSPITAL BASED | 0 | 0 | | | .00 | | .00 | .000 | | .00 | | .00 |
| HEMODIALYSIS CENTER | 0 | 0 | Ċ | | .00 | Ċ | .00 | .000 | Ċ | .00 | Ċ | .00 |
| @REHABILITATION FACILITY | 0 | 0 | \$ | | .00 | \$ | .00 | .000 | \$ | .00 | \$ | .00 |
| HOSPITAL BASED | 0 | 0 | | | .00 | | .00 | .000 | | .00 | | .00 |
| INDEPENDENT FACILITY @LABORATORY FACILITY | 0 | 0 | \$ | | .00 | \$ | .00 | .000 | \$ | .00 | \$ | .00 |
| PATHOLOGY | 0 | 0 | Ą | | .00 | ې | .00 | .000 | ۲ | .00 | ۲ | .00 |
| XO AND OTHERS | 0 | 0 | | | .00 | | .00 | .000 | | .00 | | .00 |
| @ORGANIZED OUTPATIENT CLINIC | 0 | 0 | \$ | | .00 | \$ | .00 | .000 | \$ | .00 | \$ | .00 |
| CLINIC CLINIC | 0 | 0 | Y | | .00 | ٧ | .00 | .000 | ٧ | .00 | ٧ | .00 |
| SURGICENTER | 0 | 0 | | | .00 | | .00 | .000 | | .00 | | .00 |
| HEROIN DETOX CLINIC | 0 | 0 | | | .00 | | .00 | .000 | | .00 | | .00 |
| RURAL HEALTH CLINIC | 0 | 0 | | | | | | | | | | .00 |
| | | ES AND EXPENDITUR | ES MO | | | | | | | | | |
| | FEE-FOR-SERVICE | | 110 | | 11111 111 | JI 01(I | 101(0111(2 | 001 111110 | DLO | 2001 | | 03/14/05 |
| | | ICES FOR MN - LO | NG TE | RM CARE - F | AMILIE | ΞS | DISCONTINU | ED | | | | 22, 21, 00 |
| | | | | - | | - | | | ONT | HLY AVERA | GE | |
| 00 ELIGIBLES | USERS | UNITS OF SERVICE | | EXPENDIT | URES | AVE | | | | | | |
| | | OR DAYS OF CARE | | | | | UNIT/DAY | PER ELIG | | USER | | ELIGIBLE |
| @ALL OTHER PROVIDERS | 0 | 0 | \$ | | .00 | \$ | | .000 | \$ | .00 | \$ | .00 |
| DURABLE MED. EQUIP. | 0 | 0 | | | .00 | | .00 | .000 | | .00 | | .00 |
| BLOOD BANK | 0 | 0 | | | .00 | | .00 | .000 | | .00 | | .00 |
| | | | | | | | | | | | | |

| HEARING AID DISPENSERS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
|--------------------------------|---|------|--------|-----|---------|--------|-----|
| MEDICAL TRANSPORTATION | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| AMBULANCES/AIR TRANS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OTHER TRANS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OTHER SERVICES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ACUPUNCTURE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ADULT DAY HEALTH CARE CTR | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| GENETIC DISEASE TESTING | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| IHMC, MODEL-NF, NF, AIDS, MSSP | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OCCUPATIONAL THERAPIST | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OPTICIAN | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PHYSICAL THERAPIST | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PORTABLE X-RAY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PROSTHETIST/ORTHOTISTS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PROSTHETICS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ORTHOTICS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PSYCHOLOGIST | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| SPEECH AND AUDIOLOGY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| HOSPICE SERVICES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| NONINST BIRTHING CENTERS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| LOCAL EDUCATION AGENCIES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| EPSDT SUPPLEMENTAL SERVICE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| RESPIRATORY CARE PRACT. | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PED SUBACUTE REHAB/WEANING | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER PROVIDERS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| @CALIF. CHILDREN SERVICES* | 0 | 0 \$ | .00 \$ | .00 | .000 \$ | .00 \$ | .00 |
| @XOVER EXCLUDING STATE HOSP** | 0 | 0 \$ | .00 \$ | .00 | .000 \$ | .00 \$ | .00 |
| | | | | | | | |

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 1,109
MOP024 FEE-FOR-SERVICE/DENTAL
BUTTE COUNTY SUMMARY OF SERVICES FOR MN - LONG TERM CARE - TOTAL

| | MONTHLY AVERAGE | | | | | | GE |
|----------------------------|-----------------|------------------|---------------|--------------|------------|----------|------------|
| 8,207 ELIGIBLES | USERS | UNITS OF SERVICE | EXPENDITURES | AVERAGE COST | UNITS/DAYS | COST PER | COST PER |
| | | OR DAYS OF CARE | | PER UNIT/DAY | PER ELIG | USER | ELIGIBLE |
| @TOTAL, ALL PROVIDERS | 9,032 | 446,787 \$ | 26,535,378.09 | \$ 59.39 | 54.440 \$ | 2937.93 | \$ 3233.26 |
| @PHYSICIANS SERVICES | 729 | 1,608 \$ | 30,005.30 | \$ 18.66 | .196 \$ | 41.16 | \$ 3.66 |
| OUTPATIENT VISITS | 6 | 7 | 546.36 | 78.05 | .001 | 91.06 | .07 |
| OFFICE VISITS | 4 | 4 | 285.60 | 71.40 | .000 | 71.40 | .03 |
| HOME VISITS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| EMERGENCY ROOM | 2 | 3 | 260.76 | 86.92 | .000 | 130.38 | .03 |
| PREVENTIVE CARE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OB VISITS/COMPRE PERI | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OTHER OUTPATIENT | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| INPATIENT VISITS | 41 | 138 | 5,390.28 | 39.06 | .017 | 131.47 | .66 |
| HOSPITAL VISITS | 14 | 44 | 1,701.10 | 38.66 | .005 | 121.51 | .21 |
| CRITICAL CARE | 3 | 8 | 972.80 | 121.60 | .001 | 324.27 | .12 |
| SNF/ICF/TRANS IP CARE | 33 | 86 | 2,716.38 | 31.59 | .010 | 82.31 | .33 |
| OPHTHALMOLOGICAL SERVICES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| EXAMINATIONS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| SERVICES AND MATERIALS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| INPATIENT HOSPITAL SURGERY | 7 | 10 | 1,018.11 | 101.81 | .001 | 145.44 | .12 |
| PRINCIPAL SURGEON | 7 | 10 | 1,018.11 | 101.81 | .001 | 145.44 | .12 |
| ASSISTANT SURGEON | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ANESTHESIOLOGIST | 0 | 0 | .00 | .00 | .000 | .00 | .00 |

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

| OUTPATIENT SURGERY | 18 | 98 | | 2,640.33 | 1 | 26.94 | .012 | | 146.68 | | .32 |
|----------------------------|-----------------------|-----------------|-------|--------------|--------|---------|-----------|-----|--------|----|-----------|
| PRINCIPAL SURGEON | 6 | 15 | | 873.0 | 4 | 58.20 | .002 | | 145.51 | | .11 |
| ASSISTANT SURGEON | 0 | 0 | | .00 |) | .00 | .000 | | .00 | | .00 |
| ANESTHESIOLOGIST | 12 | 83 | | 1,767.2 | 7 | 21.29 | .010 | | 147.27 | | .22 |
| DIALYSIS | 9 | 10 | | 2,525.3 | 5 | 252.54 | .001 | | 280.60 | | .31 |
| PATHOLOGY | 0 | 0 | | .00 |) | .00 | .000 | | .00 | | .00 |
| RADIOLOGY | 21 | 69 | | 1,150.95 | 5 | 16.68 | .008 | | 54.81 | | .14 |
| PSYCHIATRY | 0 | 0 | | .00 |) | .00 | .000 | | .00 | | .00 |
| IMMUNIZATION AND INJECTION | 0 | 0 | | .00 |) | .00 | .000 | | .00 | | .00 |
| OTHER SERVICES/ALL X-OVERS | 661 | 1,276 | | 16,733.93 | 3 | 13.11 | .155 | | 25.32 | | 2.04 |
| @PHARMACY | 6 , 790 | · · · / | \$ | 2,906,308.63 | 3 \$ | 34.03 | 10.407 | \$ | 428.03 | \$ | 354.13 |
| PRESCRIPTION DRUGS | 6 , 751 | 52 , 155 | | 2,888,539.99 | 9 | 55.38 | 6.355 | | 427.87 | | 351.96 |
| SNF/ICF | 6 , 597 | 50 , 797 | | 2,831,966.3 | 4 | 55.75 | 6.189 | | 429.28 | | 345.07 |
| OUTPATIENTS | 207 | 1,358 | | 56,573.6 | 5 | 41.66 | .165 | | 273.30 | | 6.89 |
| MEDICAL SUPPLIES | 138 | 33 , 256 | | 17,768.6 | 4 | .53 | 4.052 | | 128.76 | | 2.17 |
| @DENTIST | 585 | 1,632 | \$ | 50,689.00 |) \$ | 31.06 | .199 | \$ | 86.65 | \$ | 6.18 |
| VISITS - DIAGNOSTIC | 550 | 1,430 | | 25,844.00 |) | 18.07 | .174 | | 46.99 | | 3.15 |
| ORAL SURGERY | 21 | 59 | | 2,679.00 |) | 45.41 | .007 | | 127.57 | | .33 |
| DRUGS | 0 | 0 | | .00 |) | .00 | .000 | | .00 | | .00 |
| ANESTHESIA | 1 | 1 | | 100.00 |) | 100.00 | .000 | | 100.00 | | .01 |
| PERIODONTICS | 11 | 21 | | 2,136.00 | | 101.71 | .003 | | 194.18 | | .26 |
| ENDODONTICS | 2 | 2 | | 260.00 |) | 130.00 | .000 | | 130.00 | | .03 |
| RESTORATIVE DENTISTRY | 17 | 33 | | 2,435.00 |) | 73.79 | .004 | | 143.24 | | .30 |
| PROSTHETICS | 1 | 1 | | 30.00 | | 30.00 | .000 | | 30.00 | | .00 |
| DENTURES, STAYPLATES | 46 | 75 | | 17,205.00 |) | 229.40 | .009 | | 374.02 | | 2.10 |
| SPACE MAINTAINERS | 0 | 0 | | .00 |) | .00 | .000 | | .00 | | .00 |
| MAXILLOFACIAL SERVICES | 0 | 0 | | .00 |) | .00 | .000 | | .00 | | .00 |
| FRACTURES, DISLOCATIONS | 0 | 0 | | .00 |) | .00 | .000 | | .00 | | .00 |
| ORTHODONTIC SERVICES | 0 | 0 | | .00 |) | .00 | .000 | | .00 | | .00 |
| ALL OTHER SERVICES | 5 | 10 | | .00 | | .00 | .001 | | .00 | | .00 |
| #CALIF DEPT OF HEALTH SERV | MEDI-CAL SERVICES AND | | MONTH | -OF-PAYMENT | REPORT | FOR JAN | 2004 THRU | DEC | 2004 | PI | AGE 1,110 |
| MOP024 | FEE-FOR-SERVICE/DENTA | L | | | | | | | | | 03/14/05 |

| | | | | | | | M | INO | HLY AVERA | GE. | |
|------------------------------|----------|------------------|----|--------------|-----|------------|----------|-----|-----------|-----|----------|
| 8,207 ELIGIBLES | USERS | UNITS OF SERVICE | 2 | EXPENDITURES | | ERAGE COST | | | COST PER | | COST PER |
| | | OR DAYS OF CARE | 1 | | PΕ | R UNIT/DAY | PER ELIG | | USER | | ELIGIBLE |
| @OPTOMETRIST | 146 | 305 | \$ | 6,504.14 | \$ | 21.33 | .037 | \$ | 44.55 | \$ | .79 |
| DIAGNOSTIC AND ANC. PROCED | 6 | 6 | | 228.73 | | 38.12 | .001 | | 38.12 | | .03 |
| EYE APPLIANCES | 104 | 271 | | 4,780.69 | | 17.64 | .033 | | 45.97 | | .58 |
| OTHER OPTOMETRIC SERVICES | 42 | 28 | | 1,494.72 | | 53.38 | .003 | | 35.59 | | .18 |
| @CHIROPRACTOR | 0 | 0 | \$ | .00 | \$ | .00 | .000 | \$ | .00 | \$ | .00 |
| VISITS | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| OTHER SERVICES | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| @PODIATRIST | 321 | 390 | \$ | 3,066.22 | \$ | 7.86 | .048 | \$ | 9.55 | \$ | .37 |
| MEDICINE/INJECTIONS | 7 | 7 | | 214.10 | | 30.59 | .001 | | 30.59 | | .03 |
| SURGERY/ANES. | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| RADIO./PATHOLOGY | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| OTHER | 314 | 383 | | 2,852.12 | | 7.45 | .047 | | 9.08 | | .35 |
| @HOME HEALTH AGENCY | 0 | 0 | \$ | .00 | \$ | .00 | | \$ | .00 | \$ | .00 |
| NURSE ANESTHESIST | 2 | 13 | \$ | 260.51 | \$ | 20.04 | .002 | \$ | 130.26 | \$ | .03 |
| NURSE MIDWIFE | 0 | 0 | \$ | .00 | \$ | .00 | | \$ | .00 | \$ | .00 |
| PEDIATRIC NURSE PRACTITIONER | 0 | 0 | Ś | | \$ | .00 | | \$ | .00 | \$ | .00 |
| FAMILY NURSE PRACTITIONER | 0 | 0 | Ś | | \$ | .00 | | \$ | .00 | \$ | .00 |
| @TOTAL HOSPITAL | 401 | 1,195 | Ś | | | 180.41 | .146 | | 537.63 | | 26.27 |
| HOSP INPATIENT TOTAL | 104 | 42 | 7 | 194,983.85 | - T | 4642.47 | .005 | 4 | 1874.84 | 4 | 23.76 |
| HSC HOSPITALS | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| NON-HSC HOSPITAL TOTAL | 6 | 42 | | 111,167.27 | | 2646.84 | .005 | | 18527.88 | | 13.55 |
| ACCOMMODATIONS | 6 | 42 | | 33,798.28 | | 804.72 | .005 | | 5633.05 | | 4.12 |
| ADMINISTRATIVE DAYS | 1 | 1 | | 173.48 | | 173.48 | .000 | | 173.48 | | .02 |
| TRANSITIONAL IP CARE | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| ALL OTHER ACCOM | 5 | 41 | | 33,624.80 | | 820.12 | .005 | | 6724.96 | | 4.10 |
| ANCILLARIES | 6 | 0 | | 77,368.99 | | .00 | .000 | | 12894.83 | | 9.43 |
| INPATIENT CROSSOVERS | 98 | 0 | | 83,816.58 | | .00 | .000 | | 855.27 | | 10.21 |
| ALL OTHER INPATIENT | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| HOSP OUTPATIENT TOTAL | 348 | 1,153 | | 20,604.35 | | 17.87 | .140 | | 59.21 | | 2.51 |
| MEDICAL | 8 | 20 | | 991.72 | | 49.59 | .002 | | 123.97 | | .12 |
| SURGERY | 7 | 7 | | 358.56 | | 51.22 | .002 | | 51.22 | | .04 |
| PATHOLOGY | 55 | 195 | | 2,121.76 | | 10.88 | .024 | | 38.58 | | .26 |
| | 7 | | | | | | | | | | |
| RADIOLOGY | 12 | 9 34 | | 1,131.30 | | 125.70 | .001 | | 161.61 | | .14 |
| ROOM USE | | | | 1,738.52 | | 51.13 | .004 | | 144.88 | | .21 |
| CROSSOVERS/ALL OTH OUTPTNT | 289 0 | 888 | Ċ | 14,262.49 | ć | 16.06 | .108 | Ċ | 49.35 | Ċ | 1.74 |
| @COUNTY HOSPITAL TOTAL | 0 | 0 | \$ | .00 | \$ | .00 | .000 | Ş | .00 | \$ | .00 |
| CO HOSPITAL INPATIENT TOTAL | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| HSC HOSPITALS | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| NON-HSC HOSPITALS TOTAL | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| ACCOMMODATIONS | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| ADMINISTRATIVE DAYS | 0 | • | | .00 | | .00 | .000 | | .00 | | .00 |
| TRANSITIONAL IP CARE | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| ALL OTHER ACCOM | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| ANCILLARIES | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| INPATIENT CROSSOVERS | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| ALL OTHER INPATIENT | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| CO HOSP OUTPATIENT TOTAL | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| MEDICAL | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| SURGERY | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| PATHOLOGY | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| RADIOLOGY | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| ROOM USE | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| | | | | | | | | | | | |

CROSSOVERS/ALL OTH OUTPINT 0 0 .00 .00 .00 .00 #CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 1,111 03/14/05

MOP024 FEE-FOR-SERVICE/DENTAL BUTTE COUNTY SUMMARY OF SERVICES FOR MN - LONG TERM CARE - TOTAL

| BUTTE COUNTY | SUMMARY OF SERVI | CES FOR MN - LON | IG TI | ERM CARE - TOTAL | | | | | | | |
|------------------------------|--------------------|-------------------|--------------------|-------------------|----------|-----------|------------|-------|------------------|----|------------|
| | | | | | | | | | HLY AVERA | - | |
| 8,207 ELIGIBLES | USERS I | JNITS OF SERVICE | | EXPENDITURES | | | UNITS/DAY | | COST PER | | COST PER |
| | | OR DAYS OF CARE | | | | - , | PER ELIC | | USER | | ELIGIBLE |
| @COMMUNITY HOSPITAL TOTAL | 401 | 1 , 195 | \$ | 215,588.20 | | 180.41 | .146 | \$ | 537.63 | \$ | 26.27 |
| COMM HOSP INPATIENT TOTAL | 104 | 42 | | 194,983.85 | 4 | 1642.47 | .005 | | 1874.84 | | 23.76 |
| HSC HOSPITALS | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| NON-HSC HOSPITALS TOTAL | 6 | 42 | | 111,167.27 | 2 | 2646.84 | .005 | | 18527.88 | | 13.55 |
| ACCOMMODATIONS | 6 | 42 | | 33,798.28 | | 804.72 | .005 | | 5633.05 | | 4.12 |
| ADMINISTRATIVE DAYS | 1 | 1 | | 173.48 | | 173.48 | .000 | | 173.48 | | .02 |
| TRANSITIONAL IP CARE | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| ALL OTHER ACCOM | 5 | 41 | | 33,624.80 | | 820.12 | .005 | | 6724.96 | | 4.10 |
| ANCILLARIES | 6 | 0 | | 77,368.99 | | .00 | .000 | | 12894.83 | | 9.43 |
| INPATIENT CROSSOVERS | 98 | 0 | | 83,816.58 | | .00 | .000 | | 855.27 | | 10.21 |
| ALL OTHER INPATIENT | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| COMM HOSP OUTPATIENT TOTAL | 348 | 1,153 | | 20,604.35 | | 17.87 | .140 | | 59.21 | | 2.51 |
| MEDICAL | 8 | 20 | | 991.72 | | 49.59 | .002 | | 123.97 | | .12 |
| SURGERY | 7 | 7 | | 358.56 | | 51.22 | .001 | | 51.22 | | .04 |
| PATHOLOGY | 5.5 | 195 | | 2,121.76 | | 10.88 | .024 | | 38.58 | | .26 |
| | 7 | 9 | | 1,131.30 | | 125.70 | .001 | | | | .14 |
| RADIOLOGY | 12 | 34 | | | | 51.13 | .001 | | 161.61 144.88 | | .21 |
| ROOM USE | == | 888 | | 1,738.52 | | | | | | | |
| CROSSOVERS/ALL OTH OUTPINT | | | ċ | 14,262.49 | Ċ | 16.06 | .108 | Ċ | 49.35 | ć | 1.74 |
| @STATE HOSPITAL | 0 | 0 | \$ | 89.10 | \$ | .00 | .000 | \$ | | \$ | .01 |
| MENTALLY ILL | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| DEVELOP. DISABLED | 0 | 0 | | 89.10 | | .00 | .000 | | .00 | | .01 |
| @NURSING FACILITY | 6,820 | 209,605 | \$ | 21,309,665.66 | \$ | 101.67 | 25.540 | \$ | 3124.58 | \$ | 2596.52 |
| LEV A-INTERMEDIATE | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| LEV B-REHAB MD | 10 | 366 | | 41,963.12 | | 114.65 | .045 | | 4196.31 | | 5.11 |
| LEV B-SUBACUTE FREESTANDING | | 822 | | 287,138.11 | | 349.32 | .100 | | 11485.52 | | 34.99 |
| LEV B-SUBACUTE HSPTL BASED | 19 | 666 | | 378,187.21 | | 567.85 | .081 | | 19904.59 | | 46.08 |
| LEV B-TRANSITIONAL IP CARE | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| LEV B-REGULAR | 6 , 766 | 207 , 751 | | 20,602,377.22 | | 99.17 | 25.314 | | 3044.99 | | 2510.34 |
| @INTERMEDIATE CARE FACILDD | 316 | 9 , 350 | \$ | 1,546,710.71 | \$ | 165.42 | 1.139 | \$ | 4894.65 | \$ | 188.46 |
| ICF DDH | 212 | 6 , 272 | | 966,883.25 | | 154.16 | .764 | | 4560.77 | | 117.81 |
| ICF DD | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| ICF DDN/DDCN | 105 | 3,078 | | 579,827.46 | | 188.38 | .375 | | 5522.17 | | 70.65 |
| @HEMODIALYSIS TOTAL | 19 | 112 | \$ | 22,560.21 | \$ | 201.43 | .014 | \$ | 1187.38 | \$ | 2.75 |
| HOSPITAL BASED | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| HEMODIALYSIS CENTER | 19 | 112 | | 22,560.21 | | 201.43 | .014 | | 1187.38 | | 2.75 |
| @REHABILITATION FACILITY | 0 | 0 | \$ | .00 | \$ | .00 | .000 | \$ | .00 | \$ | .00 |
| HOSPITAL BASED | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| INDEPENDENT FACILITY | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| @LABORATORY FACILITY | 18 | 60 | \$ | 771.87 | \$ | 12.86 | .007 | \$ | 42.88 | \$ | .09 |
| PATHOLOGY | 1.4 | 48 | • | 752.34 | | 15.67 | .006 | | 53.74 | | .09 |
| XO AND OTHERS | 4 | 12 | | 19.53 | | 1.63 | .001 | | 4.88 | | .00 |
| @ORGANIZED OUTPATIENT CLINIC | 171 | 313 | \$ | 13,274.82 | \$ | 42.41 | .038 | \$ | | \$ | 1.62 |
| CLINIC | 6 | 7 | 7 | 165.25 | 7 | 23.61 | .001 | 4 | 27.54 | 7 | .02 |
| SURGICENTER | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| HEROIN DETOX CLINIC | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| RURAL HEALTH CLINIC | 166 | 306 | | 13,109.57 | | 42.84 | .037 | | 78.97 | | 1.60 |
| #CALIF DEPT OF HEALTH SERV | MEDI-CAL SERVICE | | CS M | • | E POPT | | | DEC | | Т | PAGE 1,112 |
| MOP024 | FEE-FOR-SERVICE/ | | 10 110 | ONIH OF THIRDNI N | ,nr O1/1 | I OIL OAN | 2004 11110 | النار | , 2001 | | 03/14/05 |
| BUTTE COUNTY | SUMMARY OF SERVICE | | ור חו | EDM CADE - TOTAT | | | | | | | 03/14/03 |
| DOTTE COOMIT | POLIMANT OF SEKAT | CEO EOK MIN - LOI | и о 1.1 | ENM CARE - IUIAL | | | | | | | |

| 8,207 ELIGIBLES | USERS | UNITS OF SERVICE | EXPENDITURES | AVERAGE COST | | | COST PER |
|--------------------------------|-------|------------------|--------------------|--------------|----------|-----------|----------|
| | | OR DAYS OF CAR | | PER UNIT/DAY | PER ELIG | | ELIGIBLE |
| @ALL OTHER PROVIDERS | 1,582 | 136,793 | \$ 429,883.72 | | 16.668 | • | |
| DURABLE MED. EQUIP. | 96 | 1 , 570 | 61 , 571.97 | 39.22 | .191 | | 7.50 |
| BLOOD BANK | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| HEARING AID DISPENSERS | 53 | 87 | 5 , 174.09 | 59.47 | .011 | 97.62 | .63 |
| MEDICAL TRANSPORTATION | 803 | 13,117 | 74 , 168.21 | 5.65 | 1.598 | 92.36 | |
| AMBULANCES/AIR TRANS | 18 | 104 | 2,434.46 | 23.41 | .013 | 135.25 | .30 |
| OTHER TRANS | 779 | 12 , 905 | 70,889.66 | 5.49 | 1.572 | 91.00 | 8.64 |
| OTHER SERVICES | 64 | 108 | 844.09 | 7.82 | .013 | 13.19 | .10 |
| ACUPUNCTURE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ADULT DAY HEALTH CARE CTR | 5 | 94 | 6,540.52 | 69.58 | .011 | 1308.10 | .80 |
| GENETIC DISEASE TESTING | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| IHMC, MODEL-NF, NF, AIDS, MSSP | 5 | 806 | 15,710.94 | 19.49 | .098 | 3142.19 | 1.91 |
| OCCUPATIONAL THERAPIST | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OPTICIAN | 102 | 209 | 2,736.64 | 13.09 | .025 | 26.83 | .33 |
| PHYSICAL THERAPIST | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PORTABLE X-RAY | 27 | 38 | 88.88 | 2.34 | .005 | 3.29 | .01 |
| PROSTHETIST/ORTHOTISTS | 2 | 3 | 124.05 | 41.35 | .000 | 62.03 | .02 |
| PROSTHETICS | 2 | 3 | 124.05 | 41.35 | .000 | 62.03 | .02 |
| ORTHOTICS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PSYCHOLOGIST | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| SPEECH AND AUDIOLOGY | 73 | 182 | 4,988.75 | 27.41 | .022 | 68.34 | .61 |
| HOSPICE SERVICES | 76 | 1,808 | 204,251.92 | 112.97 | .220 | 2687.53 | 24.89 |
| NONINST BIRTHING CENTERS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| LOCAL EDUCATION AGENCIES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| EPSDT SUPPLEMENTAL SERVICE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| RESPIRATORY CARE PRACT. | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PED SUBACUTE REHAB/WEANING | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER PROVIDERS | 505 | 118,879 | 54,527.75 | .46 | 14.485 | 107.98 | 6.64 |
| @CALIF. CHILDREN SERVICES* | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 |
| @XOVER EXCLUDING STATE HOSP** | 2,216 | 86,987 | \$ 634,285.15 | \$ 7.29 | 10.599 | \$ 286.23 | \$ 77.29 |

----- MONTHLY AVERAGE -----

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 1,113
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
BUTTE COUNTY SUMMARY OF SERVICES FOR MEDICALLY NEEDY - AGED

| BOITE COUNTY | DOMINICI OF DELC | VICED FOR THEFTON | ייי דעע. | DDDI 110DD | | | | |
|---------------------------|------------------|-------------------|----------|---------------|--------------|------------|-------------|------------|
| | | | | | | MO | NTHLY AVERA | GE |
| 22,759 ELIGIBLES | USERS | UNITS OF SERVIC | E | EXPENDITURES | AVERAGE COST | UNITS/DAYS | COST PER | COST PER |
| | | OR DAYS OF CAR | E | | PER UNIT/DAY | PER ELIG | USER | ELIGIBLE |
| @TOTAL, ALL PROVIDERS | 22,150 | 552 , 454 | \$ | 29,630,199.74 | \$ 53.63 | 24.274 | \$ 1337.71 | \$ 1301.91 |
| @PHYSICIANS SERVICES | 3 , 062 | 9,043 | \$ | 189,966.54 | \$ 21.01 | .397 | \$ 62.04 | \$ 8.35 |
| OUTPATIENT VISITS | 117 | 152 | | 5,526.16 | 36.36 | .007 | 47.23 | .24 |
| OFFICE VISITS | 108 | 143 | | 5,014.62 | 35.07 | .006 | 46.43 | .22 |
| HOME VISITS | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| EMERGENCY ROOM | 5 | 5 | | 397.46 | 79.49 | .000 | 79.49 | .02 |
| PREVENTIVE CARE | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| OB VISITS/COMPRE PERI | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| OTHER OUTPATIENT | 4 | 4 | | 114.08 | 28.52 | .000 | 28.52 | .01 |
| INPATIENT VISITS | 57 | 275 | | 11,822.34 | 42.99 | .012 | 207.41 | .52 |
| HOSPITAL VISITS | 46 | 248 | | 10,292.34 | 41.50 | .011 | 223.75 | .45 |
| CRITICAL CARE | 3 | 9 | | 1,094.40 | 121.60 | .000 | 364.80 | .05 |
| SNF/ICF/TRANS IP CARE | 14 | 18 | | 435.60 | 24.20 | .001 | 31.11 | .02 |
| OPHTHALMOLOGICAL SERVICES | 17 | 20 | | 772.69 | 38.63 | .001 | 45.45 | .03 |

^{0*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

| EXAMINATIONS | 17 | 20 | | 772.69 | 38.63 | .001 | 45.45 | | .03 |
|----------------------------|--|-------------------|----------|-------------------------|---------------|--------------|------------|----|-----------|
| SERVICES AND MATERIALS | 0 | 0 | | .00 | .00 | .000 | .00 | | .00 |
| INPATIENT HOSPITAL SURGERY | 26 | 224 | | 20,190.89 | 90.14 | .010 | 776.57 | | .89 |
| PRINCIPAL SURGEON | 22 | 154 | | 17,070.55 | 110.85 | .007 | 775.93 | | .75 |
| ASSISTANT SURGEON | 8 | 8 | | 1,779.16 | 222.40 | .000 | 222.40 | | .08 |
| ANESTHESIOLOGIST | 4 | 62 | | 1,341.18 | 21.63 | .003 | 335.30 | | .06 |
| OUTPATIENT SURGERY | 36 | 195 | | 11,953.21 | 61.30 | .009 | 332.03 | | .53 |
| PRINCIPAL SURGEON | 29 | 31 | | 10,636.77 | 343.12 | .001 | 366.79 | | .47 |
| ASSISTANT SURGEON | 2 9 | 0 | | .00 | .00 | .000 | .00 | | .00 |
| ASSISIANI SUNGEUN | 0 9 8 16 | 164 | | 1,316.44 | 8.03 | .007 | 146.27 | | .06 |
| ANESTHESIOLOGIST | 9 | 28 | | | | | | | |
| DIALYSIS | 8 | | | 3,270.72 | 116.81 | .001 | 408.84 | | .14 |
| PATHOLOGY | 16 | 70 | | 895.77 | 12.80 | .003 | 55.99 | | .04 |
| RADIOLOGY | 121 | 264 | | 10,009.56 | 37.92 | .012 | 82.72 | | . 44 |
| PSYCHIATRY | 0 | 0 | | .00 | .00 | .000 | .00 | | .00 |
| IMMUNIZATION AND INJECTION | 9 | 290 | | 12,108.69 | 41.75 | .013 | 1345.41 | | .53 |
| OTHER SERVICES/ALL X-OVERS | 2,815 | 7,525 | | 113,416.51 | 15.07 | .331 | 40.29 | | 4.98 |
| @PHARMACY | 17,348 | 171 , 054 | \$ | 6,205,507.43 | \$ 36.28 | 7.516 \$ | | \$ | 272.66 |
| PRESCRIPTION DRUGS | 17 , 136 | 98 , 047 | | 6,087,412.27 | 62.09 | 4.308 | 355.24 | | 267.47 |
| SNF/ICF | 6,306 | 47,717 | | 2,539,403.48 | 53.22 | 2.097 | 402.70 | | 111.58 |
| OUTPATIENTS | 10,902 | 50,330 | | 3,548,008.79 | 70.49 | 2.211 | 325.45 | | 155.89 |
| MEDICAL SUPPLIES | 1,292 | 73,007 | | 118,095.16 | 1.62 | 3.208 | 91.40 | | 5.19 |
| @DENTIST | 940 | 2,933 | \$ | 111,723.15 | | .129 \$ | | Ś | 4.91 |
| VISITS - DIAGNOSTIC | 758 | 2,178 | 7 | 34,167.50 | 15.69 | .096 | 45.08 | т | 1.50 |
| ORAL SURGERY | 77 | 188 | | 10,632.00 | 56.55 | .008 | 138.08 | | .47 |
| DRUGS | 940 758 77 0 1 19 17 | 0 | | .00 | .00 | .000 | .00 | | .00 |
| ANESTHESIA | 1 | 1 | | .00 | .00 | .000 | .00 | | .00 |
| PERIODONTICS | 1.0 | 19 | | 1,801.00 | 94.79 | .001 | 94.79 | | .08 |
| PERIODONIICS | 19 | 22 | | | | | | | .16 |
| ENDODONTICS | 1 / | 22 185 | | 3,741.00 | 170.05 | .001 | 220.06 | | |
| RESTORATIVE DENTISTRY | 91 | 185 | | 13,041.65 | 70.50 | .008 | 143.31 | | .57 |
| PROSTHETICS | 5 | 5 | | 105.00 | 21.00 | .000 | 21.00 | | .00 |
| DENTURES, STAYPLATES | 137 | 317 | | 48,235.00 | 152.16 | .014 | 352.08 | | 2.12 |
| SPACE MAINTAINERS | 0 | 0 | | .00 | .00 | .000 | .00 | | .00 |
| MAXILLOFACIAL SERVICES | 0 | 0 | | .00 | .00 | .000 | .00 | | .00 |
| FRACTURES, DISLOCATIONS | 0 | 0 | | .00 | .00 | .000 | .00 | | .00 |
| ORTHODONTIC SERVICES | 0 | 0 | | .00 | .00 | .000 | .00 | | .00 |
| ALL OTHER SERVICES | 17 | 18 | | .00 | .00 | .001 | .00 | | .00 |
| #CALIF DEPT OF HEALTH SERV | MEDI-CAL SERVIO | CES AND EXPENDITU | JRES M | MONTH-OF-PAYMENT RE | EPORT FOR JAN | 2004 THRU DE | C 2004 | P | AGE 1,114 |
| MOP024 | FEE-FOR-SERVICE | E/DENTAL | | | | | | | 03/14/05 |
| BUTTE COUNTY | SUMMARY OF SERV | VICES FOR MEDICA | ALLY N | JEEDY - AGED | | | | | |
| | | | | | | MON | THLY AVERA | GE | |
| 22,759 ELIGIBLES | USERS | UNITS OF SERVIC | Œ | EXPENDITURES | AVERAGE COST | | COST PER | | COST PER |
| 22,703 221012220 | 00210 | OR DAYS OF CAR | | 2111 2112 1 1 0 1 1 2 0 | PER UNIT/DAY | | USER | | ELIGIBLE |
| @OPTOMETRIST | 441 | 1,057 | \$ | 20,363.12 | \$ 19.27 | .046 \$ | | | .89 |
| DIAGNOSTIC AND ANC. PROCED | 41 | 42 | Y | 1,835.09 | 43.69 | .002 | 44.76 | Y | .08 |
| EYE APPLIANCES | 331 | 893 | | 15,216.85 | 17.04 | .039 | 45.97 | | .67 |
| | 105 | 122 | | | 27.14 | | | | .15 |
| OTHER OPTOMETRIC SERVICES | 105 | | <u>~</u> | 3,311.18 | | .005 | 31.54 | ċ | |
| @CHIROPRACTOR | 10 | 14 | \$ | 176.19 | \$ 12.59 | .001 \$ | 17.62 | Ş | .01 |

0

14

927

1

0

0

926

45

35

\$

0

10

609

1

0

0

8

4

608

VISITS

@PODIATRIST

OTHER

OTHER SERVICES

SURGERY/ANES.

RADIO./PATHOLOGY

@HOME HEALTH AGENCY

NURSE ANESTHESIST

MEDICINE/INJECTIONS

.00

176.19

57.20

.00

.00

483.45 \$

\$

7,753.05

7,695.85

3,176.76

.00

12.59

8.36

57.20

.00

.00

8.31

70.59

13.81

.000

.001

.000

.000

.000

.041

.041 \$

.002 \$

.002 \$

.00

12.73 \$

17.62

57.20

12.66

.00

.00

397.10 \$

120.86 \$

.00

.01

.34

.00

.00

.00

.34

.14

.02

| NURSE MIDWIFE | 0 | 0 | \$.00 | \$.00 | .000 | \$ | .00 | \$.00 |
|------------------------------|-------|-------|--------------------|--------------|------|------|-------|-------------|
| PEDIATRIC NURSE PRACTITIONER | 0 | 0 | \$.00 | \$.00 | .000 | \$ | .00 | \$.00 |
| FAMILY NURSE PRACTITIONER | 0 | 0 | \$.00 | \$.00 | .000 | \$ | .00 | \$.00 |
| @TOTAL HOSPITAL | 2,437 | 8,616 | \$ 1,117,012.57 | \$ 129.64 | .379 | \$ 4 | 58.36 | \$ 49.08 |
| HOSP INPATIENT TOTAL | 393 | 270 | 939,592.16 | 3479.97 | .012 | 23 | 90.82 | 41.28 |
| HSC HOSPITALS | 7 | 45 | 46,541.35 | 1034.25 | .002 | 66 | 48.76 | 2.04 |
| NON-HSC HOSPITAL TOTAL | 29 | 225 | 592,814.00 | 2634.73 | .010 | 204 | 41.86 | 26.05 |
| ACCOMMODATIONS | 29 | 225 | 167,358.43 | 743.82 | .010 | 57 | 70.98 | 7.35 |
| ADMINISTRATIVE DAYS | 0 | 0 | .00 | .00 | .000 | | .00 | .00 |
| TRANSITIONAL IP CARE | 0 | 0 | .00 | .00 | .000 | | .00 | .00 |
| ALL OTHER ACCOM | 29 | 225 | 167,358.43 | 743.82 | .010 | 57 | 70.98 | 7.35 |
| ANCILLARIES | 29 | 0 | 425,455.57 | .00 | .000 | 146 | 70.88 | 18.69 |
| INPATIENT CROSSOVERS | 358 | 0 | 300,236.81 | .00 | .000 | 8 | 38.65 | 13.19 |
| ALL OTHER INPATIENT | 0 | 0 | .00 | .00 | .000 | | .00 | .00 |
| HOSP OUTPATIENT TOTAL | 2,239 | 8,346 | 177,420.41 | 21.26 | .367 | | 79.24 | 7.80 |
| MEDICAL | 71 | 147 | 9,269.30 | 63.06 | .006 | | 30.55 | .41 |
| SURGERY | 18 | 19 | 1,548.92 | 81.52 | .001 | | 86.05 | .07 |
| PATHOLOGY | 184 | 536 | 6 , 562.52 | 12.24 | .024 | | 35.67 | .29 |
| RADIOLOGY | 60 | 90 | 10,676.25 | 118.63 | .004 | | 77.94 | .47 |
| ROOM USE | 57 | 77 | 3 , 877.89 | 50.36 | .003 | | 68.03 | .17 |
| CROSSOVERS/ALL OTH OUTPINT | 2,043 | 7,477 | 145,485.53 | 10.10 | .329 | | 71.21 | 6.39 |
| @COUNTY HOSPITAL TOTAL | 5 | 16 | \$ 1,115.90 | \$ 69.74 | .001 | | 23.18 | \$.05 |
| CO HOSPITAL INPATIENT TOTAL | 1 | 0 | 840.00 | .00 | .000 | 8 | 40.00 | .04 |
| HSC HOSPITALS | 0 | 0 | .00 | .00 | .000 | | .00 | .00 |
| NON-HSC HOSPITALS TOTAL | 0 | 0 | .00 | .00 | .000 | | .00 | .00 |
| ACCOMMODATIONS | 0 | 0 | .00 | .00 | .000 | | .00 | .00 |
| ADMINISTRATIVE DAYS | 0 | 0 | .00 | .00 | .000 | | .00 | .00 |
| TRANSITIONAL IP CARE | 0 | 0 | .00 | .00 | .000 | | .00 | .00 |
| ALL OTHER ACCOM | 0 | 0 | .00 | .00 | .000 | | .00 | .00 |
| ANCILLARIES | 0 | 0 | .00 | .00 | .000 | | .00 | .00 |
| INPATIENT CROSSOVERS | 1 | 0 | 840.00 | .00 | .000 | 8 | 40.00 | .04 |
| ALL OTHER INPATIENT | 0 | 0 | .00 | .00 | .000 | | .00 | .00 |
| | | | | | | | | |

| CO HOSP OUTPATIENT TOTAL | 4 | 16 | 275.90 | 17.24 | .001 | 68.98 | .01 |
|----------------------------|-----------------------|--------------|--------------------|----------------|-----------|------------------|------------|
| MEDICAL | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| SURGERY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PATHOLOGY | 2 | 12 | 68.05 | 5.67 | .001 | 34.03 | .00 |
| RADIOLOGY | 2 | 4 | 207.85 | 51.96 | .000 | 103.93 | .01 |
| ROOM USE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| CROSSOVERS/ALL OTH OUTPTNT | 1 | 0 | .00 | .00 | .000 | .00 | .00 |
| #CALIF DEPT OF HEALTH SERV | MEDI-CAL SERVICES AND | EXPENDITURES | MONTH-OF-PAYMENT H | REPORT FOR JAN | 2004 THRU | DEC 2004 | PAGE 1,115 |
| MOP024 | FEE-FOR-SERVICE/DENTA | ΔL | | | | | 03/14/05 |
| BUTTE COUNTY | SUMMARY OF SERVICES E | OR MEDICALLY | NEEDY - AGED | | | | |
| | | | | | Τ. | ACRIMITA ATTENDA | ~ E |

| DOTTE COONTI | SOMMAN OF SERV | VICES FOR MEDICA | UUI IV. | BEDI AGED | | | M | ONT | THLY AVERA | CE | |
|------------------------------|----------------|------------------|---------|--------------------------|--------|-------------------|-------|-----|------------------|-----|---------------|
| 22,759 ELIGIBLES | USERS | UNITS OF SERVIC | 7 | EXPENDITURES | 70.7.7 | ERAGE COST | | | COST PER | UGE | COST PER |
| ZZ, /J9 ELIGIBLES | CALCO | OR DAYS OF CAR | | EXPENDITORES | | R UNIT/DAY | | | USER | | ELIGIBLE |
| @COMMUNITY HOSPITAL TOTAL | 2,433 | 8,600 | \$ | 1,115,896.67 | \$ | | .378 | | | ċ | 49.03 |
| COMM HOSP INPATIENT TOTAL | 392 | 270 | ې | 938,752.16 | Ą | 3476.86 | .012 | ې | 2394.78 | ې | 41.25 |
| HSC HOSPITALS | 392 7 | 45 | | 46,541.35 | | 1034.25 | .012 | | 6648.76 | | 2.04 |
| | 29 | | | | | | | | | | |
| NON-HSC HOSPITALS TOTAL | 29 | 225 225 | | 592,814.00 167,358.43 | | 2634.73 743.82 | .010 | | 20441.86 5770.98 | | 26.05 7.35 |
| ACCOMMODATIONS | 29 | | | • | | | | | | | |
| ADMINISTRATIVE DAYS | • | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| TRANSITIONAL IP CARE | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| ALL OTHER ACCOM | 29 | 225 | | 167,358.43 | | 743.82 | .010 | | 5770.98 | | 7.35 |
| ANCILLARIES | 29 | 0 | | 425,455.57 | | .00 | .000 | | 14670.88 | | 18.69 |
| INPATIENT CROSSOVERS | 357 | 0 | | 299,396.81 | | .00 | .000 | | 838.65 | | 13.16 |
| ALL OTHER INPATIENT | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| COMM HOSP OUTPATIENT TOTAL | 2,236 | 8,330 | | 177,144.51 | | 21.27 | .366 | | 79.22 | | 7.78 |
| MEDICAL | 71 | 147 | | 9,269.30 | | 63.06 | .006 | | 130.55 | | .41 |
| SURGERY | 18 | 19 | | 1,548.92 | | 81.52 | .001 | | 86.05 | | .07 |
| PATHOLOGY | 182 | 524 | | 6,494.47 | | 12.39 | .023 | | 35.68 | | .29 |
| RADIOLOGY | 58 | 86 | | 10,468.40 | | 121.73 | .004 | | 180.49 | | .46 |
| ROOM USE | 57 | 77 | | 3,877.89 | | 50.36 | .003 | | 68.03 | | .17 |
| CROSSOVERS/ALL OTH OUTPINT | , | 7,477 | | 145,485.53 | | 19.46 | .329 | | 71.21 | | 6.39 |
| @STATE HOSPITAL | 0 | 0 | \$ | .00 | \$ | .00 | .000 | \$ | .00 | \$ | .00 |
| MENTALLY ILL | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| DEVELOP. DISABLED | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| @NURSING FACILITY | 6,864 | 206,047 | \$ | 20,806,428.99 | \$ | 100.98 | 9.053 | \$ | 3031.24 | \$ | 914.21 |
| LEV A-INTERMEDIATE | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| LEV B-REHAB MD | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| LEV B-SUBACUTE FREESTANDING | 1 | 25 | | 7,736.25 | | 309.45 | .001 | | 7736.25 | | .34 |
| LEV B-SUBACUTE HSPTL BASED | 2 | 17 | | 9,235.34 | | 543.26 | .001 | | 4617.67 | | .41 |
| LEV B-TRANSITIONAL IP CARE | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| LEV B-REGULAR | 6 , 862 | 206,005 | | 20,789,457.40 | | 100.92 | 9.052 | | 3029.65 | | 913.46 |
| @INTERMEDIATE CARE FACILDD | 15 | 442 | \$ | 82,881.70 | \$ | 187.52 | .019 | \$ | 5525.45 | \$ | 3.64 |
| ICF DDH | 3 | 79 | | 13,745.74 | | 174.00 | .003 | | 4581.91 | | .60 |
| ICF DD | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| ICF DDN/DDCN | 12 | 363 | | 69,135.96 | | 190.46 | .016 | | 5761.33 | | 3.04 |
| @HEMODIALYSIS TOTAL | 90 | 578 | \$ | 72,162.99 | \$ | 124.85 | .025 | \$ | 801.81 | \$ | 3.17 |
| HOSPITAL BASED | 0 | 0 | | .00 | · | .00 | .000 | | .00 | | .00 |
| HEMODIALYSIS CENTER | 90 | 578 | | 72,162.99 | | 124.85 | .025 | | 801.81 | | 3.17 |
| @REHABILITATION FACILITY | 4 | 38 | \$ | 539.37 | \$ | 14.19 | .002 | Ś | | Ś | .02 |
| HOSPITAL BASED | 4 | 38 | | 539.37 | ' | 14.19 | .002 | | 134.84 | | .02 |
| INDEPENDENT FACILITY | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| @LABORATORY FACILITY | 96 | 312 | \$ | 4,458.72 | \$ | 14.29 | .014 | Ś | 46.45 | Ś | .20 |
| PATHOLOGY | 84 | 296 | 7 | 4,284.58 | , | 14.47 | .013 | - | 51.01 | т. | .19 |
| XO AND OTHERS | 12 | 16 | | 174.14 | | 10.88 | .001 | | 14.51 | | .01 |
| @ORGANIZED OUTPATIENT CLINIC | 1,653 | 2 , 987 | \$ | 186,832.92 | \$ | 62.55 | .131 | Ś | 113.03 | Ś | 8.21 |
| CLINIC CLINIC | 61 | 2 , 307 | Y | 6,466.44 | Y | 74.33 | .004 | ۲ | 106.01 | Y | .28 |
| OTTIVEO | 01 | 0 7 | | 0, 100.44 | | 17.55 | .004 | | 100.01 | | . 20 |

16 0 30 3,534.84 117.83 .001 220.93 0 .00 .00 .00 .00 2,870 176,831.64 61.61 .126 111.43 SURGICENTER .16 0 HEROIN DETOX CLINIC .00 RURAL HEALTH CLINIC 1,587 7.77 #CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 1,116 MOP024 03/14/05 FEE-FOR-SERVICE/DENTAL BUTTE COUNTY SUMMARY OF SERVICES FOR MEDICALLY NEEDY - AGED

MONIMITY ATERACE

| | | | | | | MC | ONTHLY AVERA | GE |
|----------------------------------|----------------|------------------|--------|--------------|--------------|------------|--------------|----------|
| 22,759 ELIGIBLES | USERS | UNITS OF SERVIC | E | EXPENDITURES | AVERAGE COST | UNITS/DAYS | COST PER | COST PER |
| | | OR DAYS OF CAR | E. | | PER UNIT/DAY | PER ELIG | USER | ELIGIBLE |
| @ALL OTHER PROVIDERS | 3,851 | 148,326 | \$ | 820,732.79 | \$ 5.53 | 6.517 | \$ 213.12 | \$ 36.06 |
| DURABLE MED. EQUIP. | 159 | 1,502 | | 76,205.54 | 50.74 | .066 | 479.28 | 3.35 |
| BLOOD BANK | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| HEARING AID DISPENSERS | 281 | 515 | | 43,525.30 | 84.52 | .023 | 154.89 | 1.91 |
| MEDICAL TRANSPORTATION | 1,135 | 32,041 | | 148,440.84 | 4.63 | 1.408 | 130.78 | 6.52 |
| AMBULANCES/AIR TRANS | 65 | 222 | | 7,035.25 | 31.69 | .010 | 108.23 | .31 |
| OTHER TRANS | 1,059 | 31 , 492 | | 139,522.83 | 4.43 | 1.384 | 131.75 | 6.13 |
| OTHER SERVICES | 90 | 327 | | 1,882.76 | 5.76 | .014 | 20.92 | .08 |
| ACUPUNCTURE | 12 | 18 | | 313.58 | 17.42 | .001 | 26.13 | .01 |
| ADULT DAY HEALTH CARE CTR | 99 | 1,370 | | 95,394.20 | 69.63 | .060 | 963.58 | 4.19 |
| GENETIC DISEASE TESTING | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| IHMC, MODEL-NF, NF, AIDS, MSSP | 225 | 2 , 955 | | 136,010.91 | 46.03 | .130 | 604.49 | 5.98 |
| OCCUPATIONAL THERAPIST | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| OPTICIAN | 401 | 890 | | 10,688.86 | 12.01 | .039 | 26.66 | .47 |
| PHYSICAL THERAPIST | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| PORTABLE X-RAY | 35 | 47 | | 33.44 | .71 | .002 | .96 | .00 |
| PROSTHETIST/ORTHOTISTS | 9 | 28 | | 1,737.28 | 62.05 | .001 | 193.03 | .08 |
| PROSTHETICS | 9 | 28 | | 1,737.28 | 62.05 | .001 | 193.03 | .08 |
| ORTHOTICS | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| PSYCHOLOGIST | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| SPEECH AND AUDIOLOGY | 53 | 102 | | 5,242.82 | 51.40 | .004 | 98.92 | .23 |
| HOSPICE SERVICES | 83 | 1,962 | | 213,822.97 | 108.98 | .086 | 2576.18 | 9.40 |
| NONINST BIRTHING CENTERS | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| LOCAL EDUCATION AGENCIES | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| EPSDT SUPPLEMENTAL SERVICE | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| RESPIRATORY CARE PRACT. | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| PED SUBACUTE REHAB/WEANING | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER PROVIDERS | 1,743 | 106 , 896 | | 89,317.05 | .84 | 4.697 | 51.24 | 3.92 |
| @CALIF. CHILDREN SERVICES* | 0 | 0 | \$ | .00 | \$.00 | .000 | \$.00 | \$.00 |
| @XOVER EXCLUDING STATE HOSP** | 6 , 783 | 71,402 | \$ | 1,444,866.67 | \$ 20.24 | 3.137 | \$ 213.01 | \$ 63.49 |
| 0* TOTALS IN THESE LINES ARE GIV | EN AS A SEPAR | RATE INFORMATION | TTEM (| ONT.Y: | | | | |

^{0*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 1,117
MOP024 FEE-FOR-SERVICE/DENTAL
BUTTE COUNTY SUMMARY OF SERVICES FOR MEDICALLY NEEDY - BLIND

----- MONTHLY AVERAGE -----120 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE 6,532 \$ 280,167.58 \$ 42.89 54.433 \$ 2223.55 \$ 2334.73 @TOTAL, ALL PROVIDERS 126
 1,300.40
 \$ 21.32
 .508
 \$ 48.16
 \$ 10.84

 148.99
 74.50
 .017
 74.50
 1.24

 40.91
 40.91
 .008
 40.91
 .34

 .00
 .00
 .000
 .00
 .00

 108.08
 108.08
 .008
 108.08
 .90

 .00
 .00
 .000
 .00
 .00

 .00
 .00
 .000
 .00
 .00

 .00
 .00
 .000
 .00
 .00

 .00
 .00
 .000
 .00
 .00
 27 61 \$ @PHYSICIANS SERVICES 2 OUTPATIENT VISITS 1 1 OFFICE VISITS 0 0 HOME VISITS 1 1 EMERGENCY ROOM 0 0 PREVENTIVE CARE OB VISITS/COMPRE PERI 0 0

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

| OTHER OUTPATIENT | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
|----------------------------|-----------------|-------------------|-------|--------------------|----------|--------|-----------|-------|---------|----|-----------|
| INPATIENT VISITS | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| HOSPITAL VISITS | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| CRITICAL CARE | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| SNF/ICF/TRANS IP CARE | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| OPHTHALMOLOGICAL SERVICES | 1 | 2 | | 45.33 | 2 | 2.67 | .017 | | 45.33 | | .38 |
| EXAMINATIONS | 1 | 2 | | 45.33 | 2 | 2.67 | .017 | | 45.33 | | .38 |
| SERVICES AND MATERIALS | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| INPATIENT HOSPITAL SURGERY | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| PRINCIPAL SURGEON | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| ASSISTANT SURGEON | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| ANESTHESIOLOGIST | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| OUTPATIENT SURGERY | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| PRINCIPAL SURGEON | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| ASSISTANT SURGEON | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| ANESTHESIOLOGIST | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| DIALYSIS | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| PATHOLOGY | 1 | 1 | | 6.06 | | 6.06 | .008 | | 6.06 | | .05 |
| RADIOLOGY | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| PSYCHIATRY | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| IMMUNIZATION AND INJECTION | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| OTHER SERVICES/ALL X-OVERS | 25 | 56 | | 1,100.02 | 1 | 9.64 | .467 | | 44.00 | | 9.17 |
| @PHARMACY | 108 | 1,645 | \$ | 73,163.37 | | 4.48 | 13.708 | \$ | 677.44 | \$ | 609.69 |
| PRESCRIPTION DRUGS | 108 | 800 | | 72,594.65 | 9 | 0.74 | 6.667 | | 672.17 | | 604.96 |
| SNF/ICF | 55 | 560 | | 55,213.14 | 9 | 8.59 | 4.667 | 1 | 003.88 | | 460.11 |
| OUTPATIENTS | 53 | 240 | | 17,381.51 | 7 | 2.42 | 2.000 | | 327.95 | | 144.85 |
| MEDICAL SUPPLIES | 7 | 845 | | 568.72 | | .67 | 7.042 | | 81.25 | | 4.74 |
| @DENTIST | 14 | 40 | \$ | 1,614.00 | \$ 4 | 0.35 | .333 | \$ | 115.29 | \$ | 13.45 |
| VISITS - DIAGNOSTIC | 13 | 31 | | 430.00 | 1 | 3.87 | .258 | | 33.08 | | 3.58 |
| ORAL SURGERY | 1 | 1 | | .00 | | .00 | .008 | | .00 | | .00 |
| DRUGS | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| ANESTHESIA | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| PERIODONTICS | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| ENDODONTICS | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| RESTORATIVE DENTISTRY | 1 | 6 | | 284.00 | 4 | 7.33 | .050 | | 284.00 | | 2.37 |
| PROSTHETICS | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| DENTURES, STAYPLATES | 1 | 2 | | 900.00 | 45 | 0.00 | .017 | | 900.00 | | 7.50 |
| SPACE MAINTAINERS | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| MAXILLOFACIAL SERVICES | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| FRACTURES, DISLOCATIONS | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| ORTHODONTIC SERVICES | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| ALL OTHER SERVICES | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| #CALIF DEPT OF HEALTH SERV | MEDI-CAL SERVIO | CES AND EXPENDITU | RES N | MONTH-OF-PAYMENT R | EPORT FO | R JAN | 2004 THRU | DEC 2 | 004 | P | AGE 1,118 |
| MOP024 | FEE-FOR-SERVICE | C/DENTAL | | | | | | | | | 03/14/05 |
| BUTTE COUNTY | SUMMARY OF SERV | VICES FOR MEDICA | LLY N | NEEDY - BLIND | | | | | | | |
| | | | | | | | M | ONTHL | Y AVERA | GE | |
| 120 ELIGIBLES | USERS | UNITS OF SERVICE | E | EXPENDITURES | AVERAG | E COST | UNITS/DAY | s co | ST PER | | COST PER |
| | | OR DAYS OF CAR | E | | PER UN | IT/DAY | PER ELIG | | USER | | ELIGIBLE |
| @OPTOMETRIST | 1 | 3 | \$ | 42.85 | \$ 1 | 4.28 | .025 | \$ | 42.85 | \$ | .36 |
| DIAGNOSTIC AND ANC. PROCED | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| EYE APPLIANCES | 1 | 3 | | 42.85 | 1 | 4.28 | .025 | | 42.85 | | .36 |
| OTHER OPTOMETRIC SERVICES | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| @CHIROPRACTOR | 0 | 0 | \$ | .00 | \$ | .00 | .000 | \$ | .00 | \$ | .00 |
| VISITS | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| OTHER SERVICES | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| @PODIATRIST | 4 | 5 | \$ | 29.54 | \$ | 5.91 | .042 | \$ | 7.39 | \$ | .25 |
| | | | | | | | | | | | |

| MEDICINE/INJECTIONS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
|------------------------------|-----------------|------------------------|--------------------|-----------------|---------------|------------|------------|
| SURGERY/ANES. | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| RADIO./PATHOLOGY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OTHER | 4 | 5 | 29.54 | 5.91 | .042 | 7.39 | .25 |
| @HOME HEALTH AGENCY | 0 | 0 \$ | .00 | \$.00 | .000 \$ | .00 | |
| NURSE ANESTHESIST | 0 | 0 \$ | .00 | \$.00 | .000 \$ | .00 | \$.00 |
| NURSE MIDWIFE | 0 | 0 \$ | .00 | \$.00 | .000 \$ | .00 | \$.00 |
| | 0 | 0 \$ | .00 | • | | .00 | |
| PEDIATRIC NURSE PRACTITIONER | | 0 \$ | | \$.00 | .000 \$ | | |
| FAMILY NURSE PRACTITIONER | 0 | | .00 | \$.00 | .000 \$ | .00 | |
| @TOTAL HOSPITAL | 16 | 96 \$ | 3,566.93 | \$ 37.16 | .800 \$ | 222.93 | |
| HOSP INPATIENT TOTAL | 3 | 0 | 2,556.00 | .00 | .000 | 852.00 | 21.30 |
| HSC HOSPITALS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| NON-HSC HOSPITAL TOTAL | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ACCOMMODATIONS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ADMINISTRATIVE DAYS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| TRANSITIONAL IP CARE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER ACCOM | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ANCILLARIES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| INPATIENT CROSSOVERS | 3 | 0 | 2,556.00 | .00 | .000 | 852.00 | 21.30 |
| ALL OTHER INPATIENT | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| HOSP OUTPATIENT TOTAL | 16 | 96 | 1,010.93 | 10.53 | .800 | 63.18 | 8.42 |
| MEDICAL | 2 | 3 | 61.36 | 20.45 | .025 | 30.68 | .51 |
| SURGERY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PATHOLOGY | 2 | 11 | 76.80 | 6.98 | .092 | 38.40 | .64 |
| RADIOLOGY | _ 1 | 1 | 23.70 | 23.70 | .008 | 23.70 | .20 |
| ROOM USE | 2 | 2 | 82.20 | 41.10 | .017 | 41.10 | .69 |
| CROSSOVERS/ALL OTH OUTPINT | 13 | 79 | 766.87 | 9.71 | .658 | 58.99 | 6.39 |
| @COUNTY HOSPITAL TOTAL | 0 | 0 \$ | .00 | \$.00 | .000 \$ | .00 | |
| CO HOSPITAL INPATIENT TOTAL | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| HSC HOSPITALS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| NON-HSC HOSPITALS TOTAL | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| | 0 | 0 | .00 | .00 | .000 | .00 | |
| ACCOMMODATIONS | 0 | 0 | .00 | | | .00 | .00 |
| ADMINISTRATIVE DAYS | 0 | 0 | | .00 | .000 | | .00 |
| TRANSITIONAL IP CARE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER ACCOM | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ANCILLARIES | U | 0 | .00 | .00 | .000 | .00 | .00 |
| INPATIENT CROSSOVERS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER INPATIENT | 0 | U | .00 | .00 | .000 | .00 | .00 |
| CO HOSP OUTPATIENT TOTAL | U | 0 | .00 | .00 | .000 | .00 | .00 |
| MEDICAL | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| SURGERY | Ü | 0 | .00 | .00 | .000 | .00 | .00 |
| PATHOLOGY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| RADIOLOGY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ROOM USE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| CROSSOVERS/ALL OTH OUTPTNT | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| | | ES AND EXPENDITURES MO | ONTH-OF-PAYMENT RE | EPORT FOR JAN 2 | 2004 THRU DEC | 2004 | PAGE 1,119 |
| MOP024 | FEE-FOR-SERVICE | /DENTAL | | | | | 03/14/05 |
| BUTTE COUNTY | SUMMARY OF SERV | ICES FOR MEDICALLY NE | EEDY - BLIND | | | | |
| | | | | | MONT | THLY AVERA | GE |
| 120 ELIGIBLES | USERS | UNITS OF SERVICE | EXPENDITURES | AVERAGE COST | UNITS/DAYS | COST PER | COST PER |
| | | OR DAYS OF CARE | | PER UNIT/DAY | PER ELIG | USER | ELIGIBLE |
| @COMMUNITY HOSPITAL TOTAL | 16 | 96 \$ | 3,566.93 | \$ 37.16 | .800 \$ | 222.93 | \$ 29.72 |
| COMM HOSP INPATIENT TOTAL | 3 | 0 | 2,556.00 | .00 | .000 | 852.00 | 21.30 |
| HSC HOSPITALS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| NON-HSC HOSPITALS TOTAL | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ACCOMMODATIONS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| | | | | | | | |

| ADMINISTRATIVE DAYS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
|-----------------------------|----|-------|--------------------------|--------------|--------|---------------|---------------|
| TRANSITIONAL IP CARE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER ACCOM | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ANCILLARIES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| INPATIENT CROSSOVERS | 3 | 0 | 2,556.00 | .00 | .000 | 852.00 | 21.30 |
| ALL OTHER INPATIENT | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| COMM HOSP OUTPATIENT TOTAL | 16 | 96 | 1,010.93 | 10.53 | .800 | 63.18 | 8.42 |
| MEDICAL | 2 | 3 | 61.36 | 20.45 | .025 | 30.68 | .51 |
| SURGERY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PATHOLOGY | 2 | 11 | 76.80 | 6.98 | .092 | 38.40 | .64 |
| RADIOLOGY | 1 | 1 | 23.70 | 23.70 | .008 | 23.70 | .20 |
| ROOM USE | 2 | 2 | 82.20 | 41.10 | .017 | 41.10 | .69 |
| CROSSOVERS/ALL OTH OUTPTNT | 13 | 79 | 766.87 | 9.71 | .658 | 58.99 | 6.39 |
| @STATE HOSPITAL | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 |
| MENTALLY ILL | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| DEVELOP. DISABLED | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| @NURSING FACILITY | 42 | 1,256 | \$ 125,781.44 | \$ 100.14 | 10.467 | \$ 2994.80 | \$ 1048.18 |
| LEV A-INTERMEDIATE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| LEV B-REHAB MD | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| LEV B-SUBACUTE FREESTANDING | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| LEV B-SUBACUTE HSPTL BASED | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| LEV B-TRANSITIONAL IP CARE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| LEV B-REGULAR | 42 | 1,256 | 125,781.44 | 100.14 | 10.467 | 2994.80 | 1048.18 |
| @INTERMEDIATE CARE FACILDD | 12 | 363 | \$ 55 , 490.39 | \$ 152.87 | 3.025 | \$ 4624.20 | \$ 462.42 |
| ICF DDH | 12 | 363 | 55,490.39 | 152.87 | 3.025 | 4624.20 | 462.42 |
| ICF DD | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ICF DDN/DDCN | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| @HEMODIALYSIS TOTAL | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 |
| HOSPITAL BASED | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| HEMODIALYSIS CENTER | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| @REHABILITATION FACILITY | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 |
| HOSPITAL BASED | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| | | | | | | | |

| INDEPENDENT FACILITY | 0 | 0 | | .00 | | .00 | .000 | .00 | | .00 | |
|------------------------------|------------------------|----------------|--------|----------------|-------|-----------|-------------|-------------|----|-----------|--|
| @LABORATORY FACILITY | 0 | 0 | \$ | .00 | \$ | .00 | .000 | \$.00 | \$ | .00 | |
| PATHOLOGY | 0 | 0 | | .00 | | .00 | .000 | .00 | | .00 | |
| XO AND OTHERS | 0 | 0 | | .00 | | .00 | .000 | .00 | | .00 | |
| @ORGANIZED OUTPATIENT CLINIC | 8 | 11 | \$ | 1,765.58 | \$ | 160.51 | .092 | \$ 220.70 | \$ | 14.71 | |
| CLINIC | 0 | 0 | | .00 | | .00 | .000 | .00 | | .00 | |
| SURGICENTER | 2 | 2 | | 397.84 | | 198.92 | .017 | 198.92 | | 3.32 | |
| HEROIN DETOX CLINIC | 0 | 0 | | .00 | | .00 | .000 | .00 | | .00 | |
| RURAL HEALTH CLINIC | 6 | 9 | | 1,367.74 | | 151.97 | .075 | 227.96 | | 11.40 | |
| #CALIF DEPT OF HEALTH SERV | MEDI-CAL SERVICES AND | | S MONT | H-OF-PAYMENT R | EPORT | FOR JAN 2 | 2004 THRU I | DEC 2004 | P | AGE 1,120 | |
| MOP024 | FEE-FOR-SERVICE/DENTAL | | | | | | | | | 03/14/05 | |
| BUTTE COUNTY | SUMMARY OF SERVICES FO | R MEDICALL | Y NEED | Y - BLIND | | | | | | | |
| | | | | | | | | NTHLY AVERA | | | |
| 120 ELIGIBLES | | OF SERVICE | | EXPENDITURES | | | UNITS/DAYS | | | COST PER | |
| | | YS OF CARE | | | PER | UNIT/DAY | PER ELIG | USER | | ELIGIBLE | |
| @ALL OTHER PROVIDERS | 43 | 3 , 052 | \$ | 17,413.08 | \$ | 5.71 | 25.433 | \$ 404.96 | \$ | 145.11 | |
| DURABLE MED. EQUIP. | 1 | 2 | | 95.24 | | 47.62 | .017 | 95.24 | | .79 | |
| BLOOD BANK | 0 | 0 | | .00 | | .00 | .000 | .00 | | .00 | |
| HEARING AID DISPENSERS | 0 | 0 | | .00 | | .00 | .000 | .00 | | .00 | |
| MEDICAL TRANSPORTATION | 1.5 | 263 | | 1 175 3/ | | 1 17 | 2 1 9 2 | 79 36 | | 0 70 | |

| 120 ELIGIBLES | USERS | UNITS OF SERVICE | C | EXPENDITURES | AVERAGE COST | UNITS/DAYS | COST PER | COST PER |
|--------------------------------|-------|------------------|----|--------------|--------------|------------|----------|-----------|
| | | OR DAYS OF CARE | 2 | | PER UNIT/DAY | PER ELIG | USER | ELIGIBLE |
| @ALL OTHER PROVIDERS | 43 | 3,052 | \$ | 17,413.08 | \$ 5.71 | 25.433 | 404.96 | \$ 145.11 |
| DURABLE MED. EQUIP. | 1 | 2 | | 95.24 | 47.62 | .017 | 95.24 | .79 |
| BLOOD BANK | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| HEARING AID DISPENSERS | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| MEDICAL TRANSPORTATION | 15 | 263 | | 1,175.34 | 4.47 | 2.192 | 78.36 | 9.79 |
| AMBULANCES/AIR TRANS | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| OTHER TRANS | 15 | 263 | | 1,175.34 | 4.47 | 2.192 | 78.36 | 9.79 |
| OTHER SERVICES | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| ACUPUNCTURE | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| ADULT DAY HEALTH CARE CTR | 9 | 125 | | 8,707.94 | 69.66 | 1.042 | 967.55 | 72.57 |
| GENETIC DISEASE TESTING | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| IHMC, MODEL-NF, NF, AIDS, MSSP | 7 | 130 | | 5,526.03 | 42.51 | 1.083 | 789.43 | 46.05 |
| OCCUPATIONAL THERAPIST | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| OPTICIAN | 1 | 2 | | 14.34 | 7.17 | .017 | 14.34 | .12 |
| PHYSICAL THERAPIST | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| PORTABLE X-RAY | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| PROSTHETIST/ORTHOTISTS | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| PROSTHETICS | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| ORTHOTICS | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| PSYCHOLOGIST | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| SPEECH AND AUDIOLOGY | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| HOSPICE SERVICES | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| NONINST BIRTHING CENTERS | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| LOCAL EDUCATION AGENCIES | 1 | 2 | | 39.84 | 19.92 | .017 | 39.84 | .33 |
| EPSDT SUPPLEMENTAL SERVICE | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| RESPIRATORY CARE PRACT. | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| PED SUBACUTE REHAB/WEANING | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER PROVIDERS | 24 | 2 , 528 | | 1,854.35 | .73 | 21.067 | 77.26 | 15.45 |
| @CALIF. CHILDREN SERVICES* | 3 | 2 | \$ | 1,102.71 | \$ 551.36 | .017 | 367.57 | \$ 9.19 |
| @XOVER EXCLUDING STATE HOSP** | 45 | 158 | \$ | 7,757.65 | \$ 49.10 | 1.317 | 172.39 | \$ 64.65 |

^{0*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 1,121 MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05 BUTTE COUNTY SUMMARY OF SERVICES FOR MEDICALLY NEEDY - DISABLED

| | | | | | | | MO | NTHLY AVERA | AGE | |
|-----------------------|--------|------------------|----|---------------|-----|-----------|------------|-------------|-----|----------|
| 13,605 ELIGIBLES | USERS | UNITS OF SERVICE | E | EXPENDITURES | AVE | RAGE COST | UNITS/DAYS | COST PER | | COST PER |
| | | OR DAYS OF CAR | E | | PER | UNIT/DAY | PER ELIG | USER | | ELIGIBLE |
| @TOTAL, ALL PROVIDERS | 13,933 | 337,385 | \$ | 15,870,206.74 | \$ | 47.04 | 24.799 | \$ 1139.04 | \$ | 1166.50 |
| @PHYSICIANS SERVICES | 3,168 | 13,337 | \$ | 465,041.89 | \$ | 34.87 | .980 | \$ 146.79 | \$ | 34.18 |

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

| OUTPATIENT VISITS | 640 | 944 | 33,636.04 | 35.63 | .069 | 52.56 | 2.47 |
|---|-----------------|--------------------------|-----------------------|--------------------------|---------------------|--------|------------|
| OFFICE VISITS | 549 | 797 | 24,662.85 | 30.94 | .059 | 44.92 | 1.81 |
| HOME VISITS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| EMERGENCY ROOM | 84 | 106 | 7,645.74 | 72.13 | .008 | 91.02 | .56 |
| | | | • | | | | |
| PREVENTIVE CARE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OB VISITS/COMPRE PERI | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OTHER OUTPATIENT | 35 | 41 | 1,327.45 | 32.38 | .003 | 37.93 | .10 |
| INPATIENT VISITS | 311 | 1,734 | 76,608.40 | 44.18 | .127 | 246.33 | 5.63 |
| HOSPITAL VISITS | 275 | 1,541 | 59,074.28 | 38.34 | .113 | 214.82 | 4.34 |
| CRITICAL CARE | 25 | 95 | 14,297.20 | 150.50 | .007 | 571.89 | 1.05 |
| SNF/ICF/TRANS IP CARE | 40 | 98 | 3,236.92 | 33.03 | .007 | 80.92 | .24 |
| | | | | | | | |
| OPHTHALMOLOGICAL SERVICES | 73 | 93 | 3,864.17 | 41.55 | .007 | 52.93 | .28 |
| EXAMINATIONS | 73 | 93 | 3,864.17 | 41.55 | .007 | 52.93 | .28 |
| SERVICES AND MATERIALS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| INPATIENT HOSPITAL SURGERY | 152 | 1,114 | 84,246.84 | 75.63 | .082 | 554.26 | 6.19 |
| PRINCIPAL SURGEON | 133 | 338 | 71,376.74 | 211.17 | .025 | 536.67 | 5.25 |
| ASSISTANT SURGEON | 10 | 12 | 2,800.29 | 233.36 | .001 | 280.03 | .21 |
| ANESTHESIOLOGIST | 33 | 764 | 10,069.81 | 13.18 | .056 | 305.15 | .74 |
| | | | | | | | |
| OUTPATIENT SURGERY | 169 | 452 | 43,332.27 | 95.87 | .033 | 256.40 | 3.19 |
| PRINCIPAL SURGEON | 138 | 204 | 37,575.85 | 184.20 | .015 | 272.29 | 2.76 |
| ASSISTANT SURGEON | 3 | 3 | 390.54 | 130.18 | .000 | 130.18 | .03 |
| ANESTHESIOLOGIST | 35 | 245 | 5,365.88 | 21.90 | .018 | 153.31 | .39 |
| DIALYSIS | 22 | 47 | 5,892.32 | 125.37 | .003 | 267.83 | .43 |
| PATHOLOGY | 103 | 322 | 7,124.91 | 22.13 | .024 | 69.17 | .52 |
| RADIOLOGY | 640 | 1,828 | 65,295.60 | 35.72 | .134 | 102.02 | 4.80 |
| | 1 | 1,020 | 25.96 | 25.96 | | 25.96 | .00 |
| PSYCHIATRY | | | | | .000 | | |
| IMMUNIZATION AND INJECTION | 45 | 587 | 43,952.03 | 74.88 | .043 | 976.71 | 3.23 |
| OTHER SERVICES/ALL X-OVERS | 1,996 | 6,215 | 101,063.35 | 16.26 | .457 | 50.63 | 7.43 |
| @PHARMACY | 10,870 | 125,753 \$ | 6,880,085.81 | \$ 54.71 | 9.243 \$ | 632.94 | \$ 505.70 |
| PRESCRIPTION DRUGS | 10,699 | 60,208 | 6,634,464.89 | 110.19 | 4.425 | 620.10 | 487.65 |
| SNF/ICF | 750 | 6,629 | 454,396.54 | 68.55 | .487 | 605.86 | 33.40 |
| OUTPATIENTS | 9,973 | 53,579 | 6,180,068.35 | 115.34 | 3.938 | 619.68 | 454.25 |
| MEDICAL SUPPLIES | 1,337 | 65,545 | 245,620.92 | 3.75 | 4.818 | 183.71 | 18.05 |
| @DENTIST | 629 | 2,847 \$ | 127,186.37 | \$ 44.67 | .209 \$ | | |
| | | , - | • | | | | |
| VISITS - DIAGNOSTIC | 400 | 1,555 | 20,304.65 | 13.06 | .114 | 50.76 | 1.49 |
| ORAL SURGERY | 94 | 366 | 18,089.25 | 49.42 | .027 | 192.44 | 1.33 |
| DRUGS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ANESTHESIA | 5 | 5 | 600.00 | 120.00 | .000 | 120.00 | .04 |
| PERIODONTICS | 43 | 53 | 5,605.00 | 105.75 | .004 | 130.35 | .41 |
| ENDODONTICS | 56 | 76 | 16,314.00 | 214.66 | .006 | 291.32 | 1.20 |
| RESTORATIVE DENTISTRY | 207 | 507 | 31,925.25 | 62.97 | .037 | 154.23 | 2.35 |
| PROSTHETICS | 6 | 6 | 180.00 | 30.00 | .000 | 30.00 | .01 |
| | | | | | | | |
| DENTURES, STAYPLATES | 90 | 265 | 33,872.00 | 127.82 | .019 | 376.36 | 2.49 |
| SPACE MAINTAINERS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| MAXILLOFACIAL SERVICES | 1 | 1 | .00 | .00 | .000 | .00 | .00 |
| FRACTURES, DISLOCATIONS | 0 | 0 | 296.22 | .00 | .000 | .00 | .02 |
| ORTHODONTIC SERVICES | 1 | 1 | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER SERVICES | 10 | 12 | .00 | .00 | .001 | .00 | .00 |
| #CALIF DEPT OF HEALTH SERV | | ES AND EXPENDITURES | | | | | PAGE 1,122 |
| MOP024 | FEE-FOR-SERVICE | | MONIII OF TATMENT I | MIONI FOR OAN . | 2004 IIIKO DE | 2004 | 03/14/05 |
| | | | | | | | 03/14/03 |
| BUTTE COUNTY | SUMMARY OF SERV | ICES FOR MEDICALLY | NEEDY - DISABLED | | | | |
| | | | | | | | GE |
| 13,605 ELIGIBLES | USERS | UNITS OF SERVICE | EXPENDITURES | AVERAGE COST | | | COST PER |
| | | | | | | | |
| | | OR DAYS OF CARE | | PER UNIT/DAY | PER ELIG | USER | ELIGIBLE |
| @OPTOMETRIST | 398 | OR DAYS OF CARE 1,038 \$ | 20,026.01 | PER UNIT/DAY \$ 19.29 | PER ELIG .076 \$ | | _ |
| @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED | 398 104 | | 20,026.01 4,691.13 | | | | _ |

| | | 0 = 4 | | | | | | | | |
|------------------------------|-------------------------|------------|---------|----------------|--------|-----------|-----------|-------------|--------|-----------|
| EYE APPLIANCES | 314 | 854 | | 13,779.81 | | 16.14 | .063 | 43.88 | | 1.01 |
| OTHER OPTOMETRIC SERVICES | 55 | 74 | | 1,555.07 | | 21.01 | .005 | 28.27 | | .11 |
| @CHIROPRACTOR | 2 | 2 | \$ | 33.44 | \$ | 16.72 | .000 | | | .00 |
| VISITS | 1 | 1 | | 16.72 | | 16.72 | .000 | 16.72 | | .00 |
| OTHER SERVICES | 1 | 1 | | 16.72 | | 16.72 | .000 | 16.72 | | .00 |
| @PODIATRIST | 127 | 332 | \$ | 3,282.82 | \$ | 9.89 | .024 | \$ 25.85 | \$ | .24 |
| MEDICINE/INJECTIONS | 21 | 27 | | 720.65 | | 26.69 | .002 | 34.32 | | .05 |
| SURGERY/ANES. | 0 | 0 | | .00 | | .00 | .000 | .00 | | .00 |
| RADIO./PATHOLOGY | 2 | 2 | | 41.52 | | 20.76 | .000 | 20.76 | | .00 |
| OTHER | 106 | 303 | | 2,520.65 | | 8.32 | .022 | 23.78 | | .19 |
| | | | ċ | | ċ | | | | | |
| @HOME HEALTH AGENCY | | • | \$ | 416,479.12 | \$ | 30.78 | | \$ 4249.79 | | 30.61 |
| NURSE ANESTHESIST | 19 | | \$ | 1,998.29 | \$ | 8.03 | .018 | \$ 105.17 | | .15 |
| NURSE MIDWIFE | 0 | 0 | Ş | .00 | \$ | .00 | | \$.00 | | .00 |
| PEDIATRIC NURSE PRACTITIONER | | 0 | \$ | .00 | \$ | .00 | .000 | | | .00 |
| FAMILY NURSE PRACTITIONER | 1 | | \$ | 57.20 | \$ | 57.20 | .000 | | | .00 |
| @TOTAL HOSPITAL | 2,854 | 15,062 | \$ | 3,093,079.69 | \$ | 205.36 | 1.107 | \$ 1083.77 | \$ | 227.35 |
| HOSP INPATIENT TOTAL | | 1,219 | | 2,694,642.06 | | 2210.53 | .090 | 8190.40 | | 198.06 |
| HSC HOSPITALS | 14 | 132 | | 164,366.00 | | 1245.20 | .010 | 11740.43 | | 12.08 |
| NON-HSC HOSPITAL TOTAL | 172 | 1,087 | | 2,396,969.94 | | 2205.12 | .080 | 13935.87 | | 176.18 |
| ACCOMMODATIONS | 172 | 1,087 | | 772,055.10 | | 710.26 | .080 | 4488.69 | | 56.75 |
| ADMINISTRATIVE DAYS | 1 | 1 | | 173.48 | | 173.48 | .000 | 173.48 | | .01 |
| | 0 | 0 | | .00 | | .00 | .000 | .00 | | .00 |
| TRANSITIONAL IP CARE | | | | | | | | | | |
| ALL OTHER ACCOM | | 1,086 | | 771,881.62 | | 710.76 | .080 | 4513.93 | | 56.74 |
| ANCILLARIES | 172 | 0 | | 1,624,914.84 | | .00 | .000 | 9447.18 | | 119.44 |
| INPATIENT CROSSOVERS | 145 | 0 | | 133,306.12 | | .00 | .000 | 919.35 | | 9.80 |
| ALL OTHER INPATIENT | 0 | 0 | | .00 | | .00 | .000 | .00 | | .00 |
| HOSP OUTPATIENT TOTAL | 2,711 | 13,843 | | 398,437.63 | | 28.78 | 1.017 | 146.97 | | 29.29 |
| MEDICAL | 496 | 1,011 | | 68,724.42 | | 67.98 | .074 | 138.56 | | 5.05 |
| SURGERY | 120 | 138 | | 7,110.94 | | 51.53 | .010 | 59.26 | | .52 |
| PATHOLOGY | 704 | 3,274 | | 38,871.13 | | 11.87 | .241 | 55.21 | | 2.86 |
| RADIOLOGY | 403 | 874 | | 74,095.26 | | 84.78 | .064 | 183.86 | | 5.45 |
| ROOM USE | 505 | 822 | | 35,522.57 | | 43.21 | .060 | 70.34 | | 2.61 |
| CROSSOVERS/ALL OTH OUTPTNT | | 7,724 | | 174,113.31 | | 22.54 | | 94.99 | | 12.80 |
| | 1,033 | | ċ | | Ċ | | .568 | | Ċ | |
| @COUNTY HOSPITAL TOTAL | 2 | | \$ | 116.53 | \$ | 19.42 | .000 | | | .01 |
| CO HOSPITAL INPATIENT TOTAL | | 0 | | .00 | | .00 | .000 | .00 | | .00 |
| HSC HOSPITALS | 0 | 0 | | .00 | | .00 | .000 | .00 | | .00 |
| NON-HSC HOSPITALS TOTAL | 0 | 0 | | .00 | | .00 | .000 | .00 | | .00 |
| ACCOMMODATIONS | 0 | 0 | | .00 | | .00 | .000 | .00 | | .00 |
| ADMINISTRATIVE DAYS | 0 | 0 | | .00 | | .00 | .000 | .00 | | .00 |
| TRANSITIONAL IP CARE | 0 | 0 | | .00 | | .00 | .000 | .00 | | .00 |
| ALL OTHER ACCOM | 0 | 0 | | .00 | | .00 | .000 | .00 | | .00 |
| ANCILLARIES | 0 | 0 | | .00 | | .00 | .000 | .00 | | .00 |
| INPATIENT CROSSOVERS | 0 | 0 | | .00 | | .00 | .000 | .00 | | .00 |
| ALL OTHER INPATIENT | 0 | Ö | | .00 | | .00 | .000 | .00 | | .00 |
| CO HOSP OUTPATIENT TOTAL | 0 | 6 | | 116.53 | | 19.42 | .000 | 58.27 | | .01 |
| | 1 | 1 | | | | | | | | |
| MEDICAL | 0 | | | 42.57 | | 42.57 | .000 | 42.57 | | .00 |
| SURGERY | Ü | 0 | | .00 | | .00 | .000 | .00 | | .00 |
| PATHOLOGY | 0 | 0 | | .00 | | .00 | .000 | .00 | | .00 |
| RADIOLOGY | 0 | 0 | | .00 | | .00 | .000 | .00 | | .00 |
| ROOM USE | 1 | 1 | | 36.88 | | 36.88 | .000 | 36.88 | | .00 |
| CROSSOVERS/ALL OTH OUTPINT | 1 | 4 | | 37.08 | | 9.27 | .000 | 37.08 | | .00 |
| #CALIF DEPT OF HEALTH SERV | MEDI-CAL SERVICES AND E | XPENDITURE | S MONTI | H-OF-PAYMENT R | REPORT | FOR JAN 2 | 2004 THRU | DEC 2004 | PA | AGE 1,123 |
| MOP024 | FEE-FOR-SERVICE/DENTAL | | | | | | | | | 03/14/05 |
| BUTTE COUNTY | SUMMARY OF SERVICES FOR | MEDICALL | Y NEED | Y - DISABLED | | | | | | ,, |
| | | | | | | | M | ONTHIV AUED | 7 CE - | |

| | | OR DAYS OF CARE | | | ושמ | R UNIT/DAY | DED ELLO | | USER | | ELIGIBLE |
|--|---------------------------------|-------------------------------------|------|----------------------------|-------|-------------------------------------|-----------|-----|-------------------------|------|-----------------|
| @COMMUNITY HOSPITAL TOTAL | 2 853 | 1 5 0 5 6 | Ś | 3,092,963.16 | \$ | | | | 1084.11 | | |
| COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS | 329 | 1,219 | ٧ | 2,694,642.06 | | | | ۲ | 8190.40 | ۲ | 198.06 |
| HSC HOSPITALS | 14 | 132 | | 164,366.00 | | 2210.53 1245.20 | .010 | | 11740.43 | | 12.08 |
| NON-HSC HOSPITALS TOTAL | 172 | 1,087 | | 2,396,969.94 | | 2205 12 | .080 | | 13935.87 | | 176 18 |
| ACCOMMODATIONS | 172 | 1,087 | | 772,055.10 | | 2205.12 710.26 | .080 | | 4488.69 | | 176.18 56.75 |
| ADMINISTRATIVE DAYS | 1 | 1 | | 173.48 | | 173.48 | .000 | | 173.48 | | .01 |
| TRANSITIONAL TP CARE | 0 | 0 | | .00 | | 00 | .000 | | .00 | | .00 |
| ALL OTHER ACCOM | 171 | 1,086 | | 771,881.62 | | .00 | .080 | | 4513.93 | | 56.74 |
| ANCILLARIES | 172 | 0 | | 1,624,914.84 | | .00 | .000 | | 9447.18 | | |
| INPATIENT CROSSOVERS | 145 | 0 | | 133,306.12 | | .00 | .000 | | 919.35 | | 9.80 |
| ALL OTHER INPATIENT | 0 | 0 0 0 0 13,837 1,010 | | .00 | | .00 .00 .00 28.79 68.00 | | | | | .00 |
| COMM HOSP OUTPATIENT TOTAL | 2,710 | 13,837 | | .00 398,321.10 | | .00 28.79 68.00 | 1.017 | | .00 146.98 138.75 | | 29.28 |
| MEDICAL | 495 | 1,010 | | 68,681.85 | | 68.00 | .074 | | 138.75 | | 5.05 |
| SURGERY | 495 120 704 403 504 | 138 | | 7,110.94 | | 51.53 | .010 | | 59.26 | | .52 |
| PATHOLOGY | 704 | 3,274 | | 38,871.13 | | 51.53 11.87 | .241 | | 59.26 55.21 | | 2.86 |
| RADIOLOGY | 403 | 874 | | 74,095.26 | | 84.78 43.22 22.55 | .064 | | 183.86 70.41 | | 5.45 |
| ROOM USE | 504 | 821 | | 35,485.69 | | 43.22 | .060 | | 70.41 | | 2.61 |
| CROSSOVERS/ALL OTH OUTPINT | 1 0 2 2 | 7,720 | | 174,076.23 | | 22.55 | .567 | | 94.97 | | 12.80 |
| @STATE HOSPITAL | . 0 | , 0 | \$ | 89.10 | | | .000 | | | \$ | .01 |
| CROSSOVERS/ALL OTH OUTPINT @STATE HOSPITAL MENTALLY ILL DEVELOP. DISABLED @NURSING FACILITY LEV A-INTERMEDIATE LEV B-REHAB MD LEV B-SUBACUTE FREESTANDING | Ō | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| DEVELOP. DISABLED | 0 | 0 14,945 | | 89.10 | | .00 | .000 | | .00 | | .01 |
| @NURSING FACILITY | 529 | 14,945 | \$ | 2,169,341.49 | \$ | 145.16 | 1.098 | \$ | 4100.83 | \$ | 159.45 |
| LEV A-INTERMEDIATE | 4 | 163 | | 12,729.58 | | 78.10 | .012 | | 3182.40 | | .94 |
| LEV B-REHAB MD | 10 | 366 | | 41.963 12 | | 114.65 350.62 | .027 | | 4196.31 | | 3.08 |
| LEV B-SUBACUTE FREESTANDING | 25 | 802 | | 281,196.11 | | 350.62 | .059 | | 11247.84 | | 20.67 |
| LEV B-SUBACUTE HSPTL BASED | 19 | 366 802 666 0 12,948 | | 378,187.21 | | 567.85 .00 112.39 | .049 | | 19904.59 | | 27.80 |
| LEV B-TRANSITIONAL IP CARE | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| LEV B-REGULAR | 471 | 12 , 948 | | 1,455,265.47 | | 112.39 | .952 | | 3089.74 | | 106.97 |
| @INTERMEDIATE CARE FACILDD | 289 | 8 , 545 | \$ | 1,408,338.62 897,647.12 | \$ | 164.81 | .628 | \$ | 4873.14 | \$ | 103.52 |
| ICF DDH | 197 | 5,830 | | 897,647.12 | | | .429 | | | | 65.98 |
| ICF DD | 0 | 0 | | .00 | | .00 188.10 | .000 | | .00 5491.31 | | .00 |
| LEV B-SUBACUTE HSPTL BASED LEV B-TRANSITIONAL IP CARE LEV B-REGULAR @INTERMEDIATE CARE FACILDD ICF DDH ICF DD ICF DDN/DDCN @HEMODIALYSIS TOTAL HOSPITAL BASED HEMODIALYSIS CENTER | 93 | 2,715 | | 510,691.50 | | 188.10 | | | | | 37.54 |
| @HEMODIALYSIS TOTAL | 160 | 897 | \$ | 141,406.41 | | 157.64 | | \$ | 883.79 | \$ | |
| HOSPITAL BASED | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| HEMODIALYSIS CENTER | 160 | 897 | | 141,406.41 | | | .066 | | | | 10.39 |
| GUTUADITIATION LUCITIII | J4 | 753 305 | \$ | 15,100.40 | \$ | 20.05 | .055 | \$ | | \$ | 1.11 |
| HOSPITAL BASED | 38 | 305 | | 8,135.21 | | 26.67 | .022 | | 214.08 | | .60 |
| INDEPENDENT FACILITY | 16 | 448 | | 6,965.19 | | 15.55 | .033 | | 435.32 | | .51 |
| INDEPENDENT FACILITY @LABORATORY FACILITY PATHOLOGY | 343 | 1,743 | \$ | 31,041.20 | \$ | 17.81 | .128 | \$ | | \$ | 2.28 |
| PATHOLOGY | 331 | 1,713 | | 30,918.16 | | 18.05 | .126 | | 93.41 | | 2.27 |
| XO AND OTHERS | 12 3 , 157 | 30 | _ | 123.04 | _ | 4.10 | .002 | _ | 10.25 | _ | .01 |
| @ORGANIZED OUTPATIENT CLINIC | 3,157 | 6,191 | \$ | 500,408.31 | \$ | | | Ş | 158.51 | Ş | 36.78 |
| CLINIC | 103 | 169 105 | | 18,046.54 | | 106.78 36.52 | .012 | | 175.21 | | 1.33 |
| SURGICENTER | | | | 3,834.25 | | | .008 | | 213.01 | | .28 |
| HEROIN DETOX CLINIC | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| RURAL HEALTH CLINIC | | | | | | | | | | | |
| | | | ES . | MONTH-OF-PAYMENT R | EPOR' | r for Jan : | 2004 THRU | DEC | 2004 | Р | AGE 1,124 |
| MOP024 | FEE-FOR-SERVICE | | T 37 | NEEDY DIGABLED | | | | | | | 03/14/05 |
| BUTTE COUNTY | SUMMARY OF SERV | ICES FOR MEDICAL | LY. | NEEDY - DISABLED | | | 2.4 | | | C.E. | |
| 13 605 ELICIBLES | HOEDO | TINITUS OF SERVITOR | | EADEMPTHIDEO | 71.77 | EDACE COCE | M | | | | |
| 13,605 ELIGIBLES | USERS | UNITS OF SERVICE | | EXPENDITURES | | | | | | | COST PER |
| @ALL OTHER PROVIDERS | 2 222 | OR DAYS OF CARE | ċ | 597,210.57 | | R UNIT/DAY | | | | | ELIGIBLE |
| - | 2,322 | | Ą | | | 4.52 | | Ą | 257.20 | Ş | |
| DURABLE MED. EQUIP. | 208 | 833 0 | | 69,856.43 | | 83.86 | .061 | | 335.85 | | 5.13 |
| BLOOD BANK | U | U | | .00 | | .00 | .000 | | .00 | | .00 |

| HEARING AID DISPENSERS | 28 | 65 | 5,980.41 | 92.01 | .005 | 213.59 | .44 |
|--------------------------------|-------|-----------------|------------------|--------------|-------|------------|----------|
| MEDICAL TRANSPORTATION | 466 | 22,213 | 107,357.68 | 4.83 | 1.633 | 230.38 | 7.89 |
| AMBULANCES/AIR TRANS | 179 | 1,348 | 26,383.11 | 19.57 | .099 | 147.39 | 1.94 |
| OTHER TRANS | 286 | 20,780 | 76,562.42 | 3.68 | 1.527 | 267.70 | 5.63 |
| OTHER SERVICES | 17 | 85 | 4,412.15 | 51.91 | .006 | 259.54 | .32 |
| ACUPUNCTURE | 29 | 51 | 892.08 | 17.49 | .004 | 30.76 | .07 |
| ADULT DAY HEALTH CARE CTR | 40 | 747 | 52,028.46 | 69.65 | .055 | 1300.71 | 3.82 |
| GENETIC DISEASE TESTING | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| IHMC, MODEL-NF, NF, AIDS, MSSP | 209 | 4,737 | 195,493.35 | 41.27 | .348 | 935.37 | 14.37 |
| OCCUPATIONAL THERAPIST | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OPTICIAN | 343 | 774 | 8,484.04 | 10.96 | .057 | 24.73 | .62 |
| PHYSICAL THERAPIST | 6 | 48 | 693.06 | 14.44 | .004 | 115.51 | .05 |
| PORTABLE X-RAY | 7 | 11 | 64.72 | 5.88 | .001 | 9.25 | .00 |
| PROSTHETIST/ORTHOTISTS | 20 | 50 | 4,471.62 | 89.43 | .004 | 223.58 | .33 |
| PROSTHETICS | 17 | 41 | 3,267.44 | 79.69 | .003 | 192.20 | .24 |
| ORTHOTICS | 3 | 9 | 1,204.18 | 133.80 | .001 | 401.39 | .09 |
| PSYCHOLOGIST | 1 | 1 | 75.96 | 75.96 | .000 | 75.96 | .01 |
| SPEECH AND AUDIOLOGY | 64 | 206 | 12,149.80 | 58.98 | .015 | 189.84 | .89 |
| HOSPICE SERVICES | 23 | 448 | 52,137.50 | 116.38 | .033 | 2266.85 | 3.83 |
| NONINST BIRTHING CENTERS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| LOCAL EDUCATION AGENCIES | 34 | 422 | 2,688.89 | 6.37 | .031 | 79.09 | .20 |
| EPSDT SUPPLEMENTAL SERVICE | 5 | 405 | 11,785.56 | 29.10 | .030 | 2357.11 | .87 |
| RESPIRATORY CARE PRACT. | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PED SUBACUTE REHAB/WEANING | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER PROVIDERS | 1,075 | 101,147 | 73,051.01 | .72 | 7.435 | 67.95 | 5.37 |
| @CALIF. CHILDREN SERVICES* | 66 | 1,117 | \$ 131,014.25 | \$ 117.29 | .082 | \$ 1985.06 | · |
| @XOVER EXCLUDING STATE HOSP** | 3,634 | 79 , 106 | \$ 581,622.25 | \$ 7.35 | 5.814 | \$ 160.05 | \$ 42.75 |

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

[#]CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 1,125 MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05

FEE-FOR-SERVICE/DENTAL

MOP024

| | | | | | MON | THLY AVERAC | GE |
|---|---|-------------------------------------|---------------|---|---------------|-------------|----------------------|
| 205,582 ELIGIBLES | USERS | UNITS OF SERVICE OR DAYS OF CARE | EXPENDITURES | AVERAGE COST PER UNIT/DAY | UNITS/DAYS | | COST PER ELIGIBLE |
| @TOTAL, ALL PROVIDERS | 102,370 | 534,438 \$ | 35,157,516.56 | \$ 65.78 | 2.600 \$ | 343.44 | \$ 171.01 |
| @PHYSICIANS SERVICES | 21,708 | 58,364 \$ | 2,878,360.66 | \$ 49.32 | .284 | | |
| OUTPATIENT VISITS | 10,350 | 12,911 | 573,304.67 | 44.40 | .063 | 55.39 | 2.79 |
| OFFICE VISITS | 7,478 | 9,031 | 322,754.35 | 35.74 | .044 | 43.16 | 1.57 |
| HOME VICITS | 0 | . 0 | .00 | .00 | .000 | .00 | .00 |
| EMERGENCY ROOM | 2.182 | 2,440 | 138,844.17 | 56.90 | .012 | 63.63 | .68 |
| PREVENTIVE CARE | 18 683 | 20 | 828.10 | 41.41 | .000 | 46.01 | .00 |
| OB VISITS/COMPRE PERI | 683 | 1,112 | 101,343.94 | 91.14 | .005 | 148.38 | .49 |
| OTHER OUTPATIENT | 270 | 308 | 9,534.11 | 30.95 | .001 | 35.31 | .05 |
| INPATIENT VISITS | 270 1,542 1,482 | 5,672 | 321,046.26 | 56.90 41.41 91.14 30.95 56.60 | .028 | 208.20 | 1.56 |
| HOSPITAL VISITS | 1,482 | 4,857 | 205,132.56 | 42.23 | .024 | 138.42 | 1.00 |
| CRITICAL CARE | 147 | 778 | 114,364.60 | 147.00 | .004 | 777.99 | .56 |
| SNF/ICF/TRANS IP CARE | 12 | 37 | 1,549.10 | 41.87 | .000 | 129.09 | .01 |
| OPHTHALMOLOGICAL SERVICES | 672 | 753 | 31,337.41 | 41.62 | .004 | 46.63 | .15 |
| EXAMINATIONS | 671 | 752 | 31,317.41 | 41.65 | .004 | 46.67 | .15 |
| SERVICES AND MATERIALS | | 1 | 20.00 | 20.00 | .000 | 20.00 | .00 |
| INPATIENT HOSPITAL SURGERY | | 7,340 | 834,365.13 | 113.67 | .036 | 596.83 | 4.06 |
| PRINCIPAL SURGEON | 996 | 1,411 | 701,935.12 | 497.47 | .007 | 704.75 | 3.41 |
| ASSISTANT SURGEON | 193 | 184 | 31,812.35 | 172.89 | .001 | 173.84 | .15 |
| ANESTHESIOLOGIST | 447 | 5,745 | 100,617.66 | 17.51 | .028 | 225.10 | .49 |
| OUTPATIENT SURGERY | 1.986 | 6,222 | 397,558.27 | 63.90 | .030 | 200.18 | 1.93 |
| DRINCIDAL CURCEON | 447 1,986 1,638 | 2,167 | 323,110.47 | 149.10 | .011 | 197.26 | 1.57 |
| ASSISTANT SURGEON ANESTHESIOLOGIST | 31 | 31 | 3,060.40 | 98.72 | .000 | 98.72 | .01 |
| ANESTHESIOLOGIST | 31 446 | 4,024 | 71,387.40 | 17.74 | .020 | 160.06 | .35 |
| DIALYSIS | 18 1,233 8,678 | 45 | 4,873.08 | 108.29 | .000 | 270.73 | .02 |
| PATHOLOGY | 1.233 | 2,116 | 57,003.25 | 26.94 | .010 | 46.23 | .28 |
| RADIOLOGY | 8.678 | 13,781 | 417,087.42 | 30.27 | .067 | 48.06 | 2.03 |
| PSYCHIATRY | 4 | 6 | 220.90 | 36.82 | .000 | 55.23 | .00 |
| TMMINTZATION AND INTECTION | | 1,234 | 42,040.79 | 34.07 | .006 | 132.62 | .20 |
| IMMUNIZATION AND INJECTION OTHER SERVICES/ALL X-OVERS | 2.841 | 8,284 | 199,523.48 | 24.09 | .040 | 70.23 | .97 |
| @PHARMACY | 52,211 51,735 51 51,695 | 161,723 \$ | 8,454,217.14 | | .787 \$ | | |
| PRESCRIPTION DRUGS | 51.735 | 136,946 | 8,276,479.37 | 60.44 | .666 | 159.98 | 40.26 |
| SNF/ICF | 51 , 755 | 393 | 63,481.14 | 161.53 | .002 | 1244.73 | .31 |
| OUTPATIENTS | 51 51,695 1,848 7,729 | 136,553 | 8,212,998.23 | 60.15 | .664 | 158.87 | 39.95 |
| MEDICAL CURRITIES | 1 0 4 0 | 24,777 | 177,737.77 | 7.17 | .121 | 96.18 | .86 |
| @DENTIST | 7.729 | 38,490 \$ | | \$ 34.79 | .187 \$ | | |
| VISITS - DIAGNOSTIC | 1,848 7,729 5,584 1,109 189 | 24,610 | 368,919.02 | 14.99 | .120 | 66.07 | 1.79 |
| ORAL SURGERY | 1.109 | 2,526 | 153,971.49 | 60.95 | .012 | 138.84 | .75 |
| DRUGS | 189 | 212 | 4,950.00 | 23.35 | .001 | 26.19 | .02 |
| ANESTHESIA | 53 | 54 | 4,785.00 | 88.61 | .000 | 90.28 | .02 |
| PERIODONTICS | 53 238 | 247 | 26,623.00 | 107.79 | .001 | 111.86 | .13 |
| ENDODONTICS | /11/2 | 1,150 | 207,313.05 | 180.27 | .006 | 295.32 | 1.01 |
| RESTORATIVE DENTISTRY | 2 , 697 | 8,167 | 441,292.13 | 54.03 | .040 | 163.62 | 2.15 |
| PROSTHETICS | 26 | 27 | 818.50 | 30.31 | .000 | 31.48 | .00 |
| DENTURES, STAYPLATES | 150 | 534 | 51,077.14 | 95.65 | .003 | 340.51 | .25 |
| SPACE MAINTAINERS | 49 | 60 | 6,050.90 | 100.85 | .000 | 123.49 | .03 |
| MAXILLOFACIAL SERVICES | 14 | 44 | 16,775.84 | 381.27 | .000 | 1198.27 | .08 |
| FRACTURES, DISLOCATIONS | 2 | 3 | 2,280.00 | 760.00 | .000 | 1140.00 | .01 |
| ORTHODONTIC SERVICES | 542 | 660 | 50,777.50 | 76.94 | .003 | 93.69 | .25 |
| ALL OTHER SERVICES | 158 | 196 | 3,496.25 | 17.84 | .001 | 22.13 | .02 |
| #CALIF DEPT OF HEALTH SERV | | CES AND EXPENDITURES M | | | | | PAGE 1,126 |
| MODO24 | FFF-FOD-CFDVIC | | | JI JIKI I JIK JAN 2 | LOGI TIIIO DE | .0 2001 | 02/14/05 |

03/14/05

| | | | | | | | M | ONT | HLY AVERA | GE | |
|------------------------------|-----------------|------------------|----|---------------|----|------------|-----------|-----|-----------|----|----------|
| 205,582 ELIGIBLES | USERS | UNITS OF SERVICE | | EXPENDITURES | AV | ERAGE COST | UNITS/DAY | S | COST PER | | COST PER |
| | | OR DAYS OF CARE | | | | R UNIT/DAY | | | USER | | ELIGIBLE |
| @OPTOMETRIST | 2,896 | 7,652 | \$ | 171,156.27 | \$ | 22.37 | .037 | \$ | 59.10 | \$ | .83 |
| DIAGNOSTIC AND ANC. PROCED | 2,001 | 2,102 | | 88,662.92 | | 42.18 | .010 | | 44.31 | · | .43 |
| EYE APPLIANCES | 1,969 | 5,454 | | | | | .027 | | 41.00 | | .39 |
| OTHER OPTOMETRIC SERVICES | 86 | 96 | | 1,764.04 | | 18.38 | .000 | | 20.51 | | .01 |
| @CHIROPRACTOR | 322 | 524 | \$ | 8,652.60 | \$ | 16.51 | .003 | Ċ | | Ġ | .04 |
| VISITS | 322 | 524 | ۲ | 8,652.60 | Y | 16.51 | .003 | ٧ | 26.87 | Y | .04 |
| OTHER SERVICES | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| @PODIATRIST | 105 | 190 | \$ | | \$ | | .001 | Ċ | | Ċ | .02 |
| | | | Ş | | Ą | | | Ą | | Ą | |
| MEDICINE/INJECTIONS | 81 | 111 | | 3,253.55 | | 29.31 | .001 | | 40.17 | | .02 |
| SURGERY/ANES. | 8 | 13 | | 778.75 | | 59.90 | .000 | | 97.34 | | .00 |
| RADIO./PATHOLOGY | 18 | 21 | | 382.33 | | 18.21 | .000 | | 21.24 | | .00 |
| OTHER | 15 | 45 | | 210.37 | | 4.67 | .000 | | 14.02 | | .00 |
| @HOME HEALTH AGENCY | 378 | 2,077 | \$ | | \$ | | .010 | | 239.13 | | . 44 |
| NURSE ANESTHESIST | 267 | 3,189 | \$ | | \$ | | .016 | | 127.92 | | .17 |
| NURSE MIDWIFE | 1,213 | 7,203 | \$ | | \$ | | .035 | | 195.25 | | 1.15 |
| PEDIATRIC NURSE PRACTITIONER | 2 | 2 | \$ | | \$ | 29.15 | .000 | | 29.15 | | .00 |
| FAMILY NURSE PRACTITIONER | 132 | 300 | \$ | | \$ | 16.36 | .001 | \$ | 37.17 | \$ | .02 |
| @TOTAL HOSPITAL | 29 , 052 | 116,956 | \$ | 14,498,731.82 | \$ | 123.97 | .569 | \$ | 499.06 | \$ | 70.53 |
| HOSP INPATIENT TOTAL | 1,658 | 7,167 | | 11,041,385.25 | | 1540.59 | .035 | | 6659.46 | | 53.71 |
| HSC HOSPITALS | 185 | 1,457 | | 2,067,708.20 | | 1419.15 | .007 | | 11176.80 | | 10.06 |
| NON-HSC HOSPITAL TOTAL | 1,465 | 5,710 | | 8,954,455.01 | | 1568.21 | .028 | | 6112.26 | | 43.56 |
| ACCOMMODATIONS | 1,460 | 5,710 | | 2,929,837.05 | | 513.11 | .028 | | 2006.74 | | 14.25 |
| ADMINISTRATIVE DAYS | . 1 | . 3 | | 693.90 | | 231.30 | .000 | | 693.90 | | .00 |
| TRANSITIONAL IP CARE | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| ALL OTHER ACCOM | 1,459 | 5,707 | | 2,929,143.15 | | 513.25 | .028 | | 2007.64 | | 14.25 |
| ANCILLARIES | 1,465 | 0 | | 6,024,617.96 | | .00 | .000 | | 4112.37 | | 29.31 |
| INPATIENT CROSSOVERS | 23 | 0 | | 19,222.04 | | .00 | .000 | | 835.74 | | .09 |
| ALL OTHER INPATIENT | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| HOSP OUTPATIENT TOTAL | 28,320 | 109,789 | | 3,457,346.57 | | 31.49 | .534 | | 122.08 | | 16.82 |
| MEDICAL | 15 , 951 | 23,601 | | 1,050,654.01 | | 44.52 | .115 | | 65.87 | | 5.11 |
| SURGERY | 1,899 | 2,280 | | 123,881.74 | | 54.33 | .011 | | 65.24 | | .60 |
| | 9,775 | 34,459 | | 455,903.19 | | 13.23 | .168 | | 46.64 | | 2.22 |
| PATHOLOGY | | | | | | 67.22 | | | | | 2.93 |
| RADIOLOGY | 6,491 | 8,973 | | 603,162.79 | | | .044 | | 92.92 | | |
| ROOM USE | 18,232 | 24,683 | | 935,373.37 | | 37.90 | .120 | | 51.30 | | 4.55 |
| CROSSOVERS/ALL OTH OUTPTNT | 7,613 | 15,793 | | 288,371.47 | | 18.26 | .077 | _ | 37.88 | | 1.40 |
| @COUNTY HOSPITAL TOTAL | 33 | 170 | \$ | | Ş | 648.57 | | | 3341.11 | Ş | .54 |
| CO HOSPITAL INPATIENT TOTAL | 7 | 83 | | 107,040.03 | | 1289.64 | .000 | | 15291.43 | | .52 |
| HSC HOSPITALS | 7 | 83 | | 107,040.03 | | 1289.64 | .000 | | 15291.43 | | .52 |
| NON-HSC HOSPITALS TOTAL | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| ACCOMMODATIONS | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| ADMINISTRATIVE DAYS | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| TRANSITIONAL IP CARE | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| ALL OTHER ACCOM | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| ANCILLARIES | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| INPATIENT CROSSOVERS | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| ALL OTHER INPATIENT | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| CO HOSP OUTPATIENT TOTAL | 28 | 87 | | 3,216.53 | | 36.97 | .000 | | 114.88 | | .02 |
| MEDICAL | 10 | 14 | | 727.34 | | 51.95 | .000 | | 72.73 | | .00 |
| SURGERY | 3 | 3 | | 127.49 | | 42.50 | .000 | | 42.50 | | .00 |
| PATHOLOGY | 6 | 19 | | 179.44 | | 9.44 | .000 | | 29.91 | | .00 |
| RADIOLOGY | 6 | 8 | | 847.84 | | 105.98 | .000 | | 141.31 | | .00 |
| ROOM USE | 23 | 27 | | 1,055.02 | | 39.07 | .000 | | 45.87 | | .01 |
| - | 20 | <u> </u> | | _,2 | | •• | • • • • | | -0.07 | | • • - |

| CROSSOVERS/ALL OTH OUTPTNT | 9 | 16 | 279.40 | 17.46 | .000 31.04 | .00 |
|----------------------------|------------------------|--------------|-------------------------|---------------|------------------|------------|
| #CALIF DEPT OF HEALTH SERV | MEDI-CAL SERVICES AND | EXPENDITURES | MONTH-OF-PAYMENT REPORT | FOR JAN 2004 | THRU DEC 2004 | PAGE 1,127 |
| MOP024 | FEE-FOR-SERVICE/DENTA | _ | | | | 03/14/05 |
| BUTTE COUNTY | SUMMARY OF SERVICES FO | OR MEDICALLY | NEEDY - FAMILIES | | | |
| | | | | | MONTHLY AVERAG | GE |
| 205,582 ELIGIBLES | USERS UNITS | OF SERVICE | EXPENDITURES AVE | RAGE COST UNI | TS/DAYS COST PER | COST PER |

| | | | | | | | | - 1 | TNON | HLY AVERA | GΕ | |
|---|------------------------|----------------------|------|--------------------------|--------|---|---------|-----|------|---|----|------------|
| 205,582 ELIGIBLES | USERS | UNITS OF SERVICE | | EXPENDITURES | AVE: | RAGE COSI | UNITS/ | DA: | YS | COST PER | | COST PER |
| | | OR DAYS OF CARE | | | PER | UNIT/DAY | PER E | LIC | 3 | USER | | ELIGIBLE |
| @COMMUNITY HOSPITAL TOTAL | 29.029 | 116,786 | \$ | 14,388,475.26 | Ś | 123.20 | . 5 | 68 | Ś | 495.66 | Ś | 69.99 |
| | 1,651 | 7,084 | | 10,934,345.22 | | 1543.53 | | 34 | | 6622.86 | | 53.19 |
| HSC HOSPITALS | 178 | 1,374 | | 1,960,668.17 | | 1426 98 | 0 | 07 | | 11014.99 | | 9.54 |
| | | | | 8,954,455.01 | | 1568 21 | . 0 | 28 | | 6112.26 | | 43.56 |
| ACCOMMODATIONS | 1,465 1,460 | 5,710 5,710 | | 2,929,837.05 | | E12 11 | . 0 | 28 | | 2006.74 | | 14.25 |
| | 1,460 | 3,710 | | 693.90 | | 1543.53 1426.98 1568.21 513.11 231.30 | . 0 | | | 693.90 | | .00 |
| ADMINISTRATIVE DAYS | 1 | 3 0 5,707 0 | | | | 231.30 | . 0 | 00 | | | | |
| TRANSITIONAL IP CARE | 0 1,459 | U | | .00 | | .00 | | 00 | | .00 | | .00 |
| | 1,459 | 5,/0/ | | 2,929,143.15 | | 513.25 | | 28 | | 2007.64 | | 14.25 |
| ANCILLARIES | 1,465 | 0 0 0 | | 6,024,617.96 | | .00 | | 00 | | 4112.37 | | 29.31 |
| INPATIENT CROSSOVERS | 23 | 0 | | 19,222.04 | | .00 | | 00 | | 835.74 | | .09 |
| ALL OTHER INPATIENT | 0 | 0 | | .00 | | 1543.53 1426.98 1568.21 513.11 231.30 .00 513.25 .00 | | 00 | | .00 | | .00 |
| ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL | 28 , 301 | 109,702 | | 3,454,130.04 | | 31.49 | | 34 | | 122.05 65.86 65.27 46.65 92.86 51.29 | | 16.80 |
| MEDICAL | 15 , 942 | 23 587 | | 1,049,926.67 | | 44.51 | .1 | 15 | | 65.86 | | 5.11 |
| SURGERY | 1,896 | 2,277 | | 123,754.25 | | 54.35 | .0 | 11 | | 65.27 | | .60 |
| PATHOLOGY | 9,770 | 34,440 | | 455,723.75 | | 54.35 13.23 | .1 | 68 | | 46.65 | | 2.22 |
| RADIOLOGY | 6.486 | 8 , 965 | | | | 67.19 | | 44 | | 92.86 | | 2.93 |
| ROOM USE | 6,486 18,215 | 24,656 | | 602,314.95 934,318.35 | | 37.89 | | 20 | | 51.29 | | 4.54 |
| CROSSOVERS/ALL OTH OUTDINT | 7 606 | 15,777 | | 288,092.07 | | 67.19 37.89 18.26 | | 77 | | 37.88 | | 1.40 |
| @STATE HOSPITAL | 0 0 0 22 0 | 0 | \$ | .00 | | .00 | | | \$ | .00 | Ś | .00 |
| MENTALLY ILL | 0 | 0 | Y | .00 | | .00 | | 00 | ٧ | .00 | Y | .00 |
| DEVELOP. DISABLED | 0 | 0 | | .00 | | .00 | | 00 | | .00 | | .00 |
| ONUDCING ENGLISHS | 22 | 623 | Ś | 111,373.64 | | 178.77 | | | ċ | 5062.44 | ċ | .54 |
| @NURSING FACILITY | 22 | | Þ | • | | | | | Ş | | Þ | |
| LEV A-INTERMEDIATE | U | 0 | | .00 | | .00 | | 00 | | .00 | | .00 |
| | | 0 | | .00 | | .00 | | 00 | | .00 | | .00 |
| LEV B-SUBACUTE FREESTANDING | | 50 | | 18,094.00 .00 | | 361.88 | | 00 | | 9047.00 | | .09 |
| LEV B-SUBACUTE HSPTL BASED | 0 | 0 | | | | .00 | | 00 | | .00 | | .00 |
| LEV B-TRANSITIONAL IP CARE | 0 | 0 | | .00 | | .00 | | 00 | | .00 | | .00 |
| LEV B-REGULAR | 20 | 573 | | 93,279.64 | | 162.79 | | 03 | | 4663.98 | | .45 |
| @INTERMEDIATE CARE FACILDD | 0 | 0 | \$ | .00 | \$ | .00 | .0 | 00 | \$ | .00 | \$ | .00 |
| ICF DDH | 0 | 0 | | .00 | | .00 | .0 | 00 | | .00 | | .00 |
| ICF DD | 0 | 0 | | .00 | | .00 | .0 | 00 | | .00 | | .00 |
| ICF DDN/DDCN | 0 | 0 | | .00 | | .00 | .0 | 00 | | .00 | | .00 |
| @HEMODIALYSIS TOTAL | 33 | 1,157 | \$ | 53,638.64 | \$ | 46.36 | .0 | 06 | \$ | 1625.41 | \$ | .26 |
| HOSPITAL BASED | 0 | 0 | | .00 | | .00 | .0 | 00 | | .00 | | .00 |
| ICF DDH ICF DD ICF DDN/DDCN (HEMODIALYSIS TOTAL HOSPITAL BASED HEMODIALYSIS CENTER (REHABILITATION FACILITY HOSPITAL BASED INDEPENDENT FACILITY (LABORATORY FACILITY PATHOLOGY | 33 | 1,157 | | 53,638.64 | | 46.36 | | 06 | | 1625.41 | | .26 |
| @REHABILITATION FACILITY | 298 | 2,356 | \$ | 54,560.35 | | 23 16 | 0 | | Ś | 183.09 | Ś | .27 |
| HOSPITAL BASED | 278 | 1,962 | | 48,655.64 | | 24.80 14.99 17.12 17.12 | 0 | 10 | | 175.02 | | .24 |
| INDEPENDENT FACILITY | 20 | 394 | | 5,904.71 | | 14 99 | .0 | | | 295.24 | | .03 |
| ALABORATORY FACTLITY | 5 673 | 16,276 | \$ | 278,670.53 | | 17 12 | . 0 | | \$ | 49.12 | Ś | 1.36 |
| PATHOLOCY | 5,673 | 16,274 | Y | 278,647.73 | | 17.12 | . 0 | 79 | Y | 49.12 | Y | 1.36 |
| FAIROLOGI | 2 | 2 | | 22.80 | | 11.40 | .0 | 00 | | 11.40 | | .00 |
| XO AND OTHERS @ORGANIZED OUTPATIENT CLINIC | | 56,002 | \$ | 6,189,196.98 | | 110.52 | | | ć | | ċ | |
| | 33,423 | | Þ | | | | | | \$ | 185.18 | Ş | 30.11 |
| CLINIC | 1,898 | 6,355 | | 278,380.21 | | 43.80 | | 31 | | 146.67 | | 1.35 |
| SURGICENTER | 104 | 643 | | 22,799.95 | | 35.46 | . 0 | 03 | | 219.23 | | .11 |
| HEROIN DETOX CLINIC | 8 | 152 | | 1,758.48 | | 11.57 | .0 | Ul | | 219.81 | | .01 |
| SURGICENTER HEROIN DETOX CLINIC RURAL HEALTH CLINIC #CALIF DEPT OF HEALTH SERV | 31,773 | 48,852 | | 5,886,258.34 | | 120.49 | .2 | 38 | | 185.26 | | 28.63 |
| | | | ES 1 | MONTH-OF-PAYMENT I | REPORT | FOR JAN | 2004 TH | RU | DEC | 2004 | F | PAGE 1,128 |
| MOP024 | FEE-FOR-SERVICE | /DENTAL | | | | | | | | | | 03/14/05 |
| BUTTE COUNTY | SUMMARY OF SERV | ICES FOR MEDICAL | LY 1 | NEEDY - FAMILIES | | | | | | | | |
| | | | | | | | | | | | | |

| 205,582 ELIGIBLES | USERS | UNITS OF SERVIC | EXPENDITURES | AVERAGE COST | | | COST PER |
|--------------------------------|--------|-----------------|--------------------|--------------|------|------------|----------|
| | | OR DAYS OF CAR | | PER UNIT/DAY | | USER | ELIGIBLE |
| @ALL OTHER PROVIDERS | 10,977 | 61,354 | \$ 748,855.49 | \$ 12.21 | .298 | • | · |
| DURABLE MED. EQUIP. | 383 | 1,182 | 57,990.46 | 49.06 | .006 | 151.41 | .28 |
| BLOOD BANK | 5 | 3,969 | 11,907.00 | 3.00 | .019 | 2381.40 | .06 |
| HEARING AID DISPENSERS | 25 | 53 | 5,089.14 | 96.02 | .000 | 203.57 | .02 |
| | 1,191 | 15,404 | 311,494.25 | 20.22 | | 261.54 | 1.52 |
| AMBULANCES/AIR TRANS | 1,160 | 14,533 | 210,338.62 | 14.47 | .071 | 181.33 | 1.02 |
| OTHER TRANS | 28 | 816 | 4,417.13 | 5.41 | .004 | 157.75 | .02 |
| OTHER SERVICES | 54 | 55 | 96 , 738.50 | 1758.88 | .000 | 1791.45 | .47 |
| ACUPUNCTURE | 47 | 81 | 1,506.87 | 18.60 | .000 | 32.06 | .01 |
| ADULT DAY HEALTH CARE CTR | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| GENETIC DISEASE TESTING | 248 | 249 | 26,145.00 | 105.00 | .001 | 105.42 | .13 |
| IHMC, MODEL-NF, NF, AIDS, MSSP | 31 | 161 | 17,173.44 | 106.67 | .001 | 553.98 | .08 |
| OCCUPATIONAL THERAPIST | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OPTICIAN | 2,105 | 4,597 | 41,037.69 | 8.93 | .022 | 19.50 | .20 |
| PHYSICAL THERAPIST | 121 | 1,186 | 17,585.88 | 14.83 | .006 | 145.34 | .09 |
| PORTABLE X-RAY | 1 | 1 | .61 | .61 | .000 | .61 | .00 |
| PROSTHETIST/ORTHOTISTS | 103 | 169 | 16,985.11 | 100.50 | .001 | 164.90 | .08 |
| PROSTHETICS | 100 | 165 | 16,769.53 | 101.63 | .001 | 167.70 | .08 |
| ORTHOTICS | 3 | 4 | 215.58 | 53.90 | .000 | 71.86 | .00 |
| PSYCHOLOGIST | 8 | 30 | 1,523.30 | 50.78 | .000 | 190.41 | .01 |
| SPEECH AND AUDIOLOGY | 377 | 1,099 | 51,950.40 | 47.27 | .005 | 137.80 | .25 |
| HOSPICE SERVICES | 3 | 28 | 3,388.28 | 121.01 | .000 | 1129.43 | .02 |
| NONINST BIRTHING CENTERS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| LOCAL EDUCATION AGENCIES | 6,162 | 18,249 | 168,783.00 | 9.25 | .089 | 27.39 | .82 |
| EPSDT SUPPLEMENTAL SERVICE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| RESPIRATORY CARE PRACT. | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PED SUBACUTE REHAB/WEANING | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER PROVIDERS | 326 | 14,896 | 16,295.06 | 1.09 | .072 | 49.98 | .08 |
| @CALIF. CHILDREN SERVICES* | 595 | 21 , 975 | \$ 1,875,125.44 | \$ 85.33 | .107 | \$ 3151.47 | \$ 9.12 |
| @XOVER EXCLUDING STATE HOSP** | 532 | 3,223 | \$ 66,440.79 | | .016 | • | • |

----- MONTHLY AVERAGE -----

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 1,129
MOP024 FEE-FOR-SERVICE/DENTAL
BUTTE COUNTY SUMMARY OF SERVICES FOR MEDICALLY NEEDY - TOTAL

| BOITE COUNTY | DOLLINIC OF DELL | (ATCHO LOIC LIMPICIA | | UDD1 10111U | | | | |
|---------------------------|------------------|----------------------|----|---------------|--------------|------------|-------------|-----------|
| | | | | | | MO | NTHLY AVERA | GE |
| 242,066 ELIGIBLES | USERS | UNITS OF SERVIC | E | EXPENDITURES | AVERAGE COST | UNITS/DAYS | COST PER | COST PER |
| | | OR DAYS OF CAR | E | | PER UNIT/DAY | PER ELIG | USER | ELIGIBLE |
| @TOTAL, ALL PROVIDERS | 138 , 579 | 1,430,809 | \$ | 80,938,090.62 | \$ 56.57 | 5.911 | \$ 584.06 | \$ 334.36 |
| @PHYSICIANS SERVICES | 27 , 965 | 80 , 805 | \$ | 3,534,669.49 | \$ 43.74 | .334 | \$ 126.40 | \$ 14.60 |
| OUTPATIENT VISITS | 11,109 | 14,009 | | 612,615.86 | 43.73 | .058 | 55.15 | 2.53 |
| OFFICE VISITS | 8,136 | 9,972 | | 352,472.73 | 35.35 | .041 | 43.32 | 1.46 |
| HOME VISITS | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| EMERGENCY ROOM | 2,272 | 2 , 552 | | 146,995.45 | 57.60 | .011 | 64.70 | .61 |
| PREVENTIVE CARE | 18 | 20 | | 828.10 | 41.41 | .000 | 46.01 | .00 |
| OB VISITS/COMPRE PERI | 683 | 1,112 | | 101,343.94 | 91.14 | .005 | 148.38 | .42 |
| OTHER OUTPATIENT | 309 | 353 | | 10,975.64 | 31.09 | .001 | 35.52 | .05 |
| INPATIENT VISITS | 1,910 | 7,681 | | 409,477.00 | 53.31 | .032 | 214.39 | 1.69 |
| HOSPITAL VISITS | 1,803 | 6,646 | | 274,499.18 | 41.30 | .027 | 152.25 | 1.13 |
| CRITICAL CARE | 175 | 882 | | 129,756.20 | 147.12 | .004 | 741.46 | .54 |
| SNF/ICF/TRANS IP CARE | 66 | 153 | | 5,221.62 | 34.13 | .001 | 79.12 | .02 |
| OPHTHALMOLOGICAL SERVICES | 763 | 868 | | 36,019.60 | 41.50 | .004 | 47.21 | .15 |

^{0*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

| EXAMINATIONS | 762 | 867 | 35,999.60 | 41.52 | . (| 04 | 47.24 | .15 |
|----------------------------|-----------------|------------------|---------------------|-------------|-----|-----|--------------|-------------|
| SERVICES AND MATERIALS | 1 | 1 | 20.00 | 20.00 | . (| 00 | 20.00 | .00 |
| INPATIENT HOSPITAL SURGERY | 1,576 | 8 , 678 | 938,802.86 | 108.18 | . (| 136 | 595.69 | 3.88 |
| PRINCIPAL SURGEON | 1 , 151 | 1,903 | 790,382.41 | 415.33 | . (| 80 | 686.69 | 3.27 |
| ASSISTANT SURGEON | 201 | 204 | 36,391.80 | 178.39 | . (| 01 | 181.05 | .15 |
| ANESTHESIOLOGIST | 484 | 6 , 571 | 112,028.65 | 17.05 | . (| 27 | 231.46 | .46 |
| OUTPATIENT SURGERY | 2,191 | 6,869 | 452,843.75 | 65.93 | . (| 28 | 206.68 | 1.87 |
| PRINCIPAL SURGEON | 1,805 | 2,402 | 371,323.09 | 154.59 | . (| 10 | 205.72 | 1.53 |
| ASSISTANT SURGEON | 34 | 34 | 3,450.94 | 101.50 | . (| 00 | 101.50 | .01 |
| ANESTHESIOLOGIST | 490 | 4,433 | 78,069.72 | 17.61 | . (| 18 | 159.33 | .32 |
| DIALYSIS | 48 | 120 | 14,036.12 | 116.97 | . (| 00 | 292.42 | .06 |
| PATHOLOGY | 1,353 | 2,509 | 65,029.99 | 25.92 | . (| 10 | 48.06 | .27 |
| RADIOLOGY | 9,439 | 15,873 | 492,392.58 | 31.02 | . (| 166 | 52.17 | 2.03 |
| PSYCHIATRY | 5 | 7 | 246.86 | 35.27 | . (| 00 | 49.37 | .00 |
| IMMUNIZATION AND INJECTION | 371 | 2,111 | 98,101.51 | 46.47 | . (| 109 | 264.42 | .41 |
| OTHER SERVICES/ALL X-OVERS | 7 , 677 | 22,080 | , | 18.80 | . (| 91 | 54.07 | 1.71 |
| @PHARMACY | 80 , 537 | 460,175 | \$ 21,612,973.75 | \$ | 1.9 | 01 | \$ 268.36 | \$ 89.29 |
| PRESCRIPTION DRUGS | 79 , 678 | 296 , 001 | 21,070,951.18 | 71.19 | 1.2 | 23 | 264.45 | 87.05 |
| SNF/ICF | 7,162 | 55 , 299 | 3,112,494.30 | 56.28 | • 4 | 28 | 434.58 | 12.86 |
| OUTPATIENTS | 72 , 623 | 240,702 | 17,958,456.88 | 74.61 | • - | 94 | 247.28 | 74.19 |
| MEDICAL SUPPLIES | 4,484 | 164,174 | 542,022.57 | 3.30 | . (| 78 | 120.88 | 2.24 |
| @DENTIST | 9,312 | 44,310 | \$ 1,579,653.34 | \$ 35.65 | • - | .83 | \$ 169.64 | \$ 6.53 |
| VISITS - DIAGNOSTIC | 6 , 755 | 28 , 374 | 423,821.17 | 14.94 | • - | 17 | 62.74 | 1.75 |
| ORAL SURGERY | 1,281 | 3,081 | 182 , 692.74 | 59.30 | | 13 | 142.62 | .75 |
| DRUGS | 189 | 212 | 4,950.00 | 23.35 | . (| 01 | 26.19 | .02 |
| ANESTHESIA | 59 | 60 | 5,385.00 | 89.75 | . (| 00 | 91.27 | .02 |
| PERIODONTICS | 300 | 319 | 34,029.00 | 106.67 | . (| 01 | 113.43 | .14 |
| ENDODONTICS | 775 | 1,248 | 227,368.05 | 182.19 | . (| 05 | 293.38 | .94 |
| RESTORATIVE DENTISTRY | 2,996 | 8 , 865 | 486,543.03 | 54.88 | . (| 137 | 162.40 | 2.01 |
| PROSTHETICS | 37 | 38 | 1,103.50 | 29.04 | . (| 00 | 29.82 | .00 |
| DENTURES, STAYPLATES | 378 | 1,118 | 134,084.14 | 119.93 | . (| 05 | 354.72 | .55 |
| SPACE MAINTAINERS | 49 | 60 | 6,050.90 | 100.85 | . (| 00 | 123.49 | .02 |
| | | | | | | | | |

| MAXILLOFACIAL SERVICES | 15 | 45 | 16,775.84 | 372.80 | .000 | 1118.39 | .07 |
|----------------------------|---------------------|------------------|---------------------|-----------------|--------------|---------|------------|
| FRACTURES, DISLOCATIONS | 2 | 3 | 2,576.22 | 858.74 | .000 | 1288.11 | .01 |
| ORTHODONTIC SERVICES | 543 | 661 | 50,777.50 | 76.82 | .003 | 93.51 | .21 |
| ALL OTHER SERVICES | 185 | 226 | 3,496.25 | 15.47 | .001 | 18.90 | .01 |
| #CALIF DEPT OF HEALTH SERV | MEDI-CAL SERVICES A | AND EXPENDITURES | MONTH-OF-PAYMENT RE | EPORT FOR JAN 2 | 2004 THRU DE | EC 2004 | PAGE 1,130 |
| MOP024 | FEE-FOR-SERVICE/DEN | ITAL | | | | | 03/14/05 |
| BUTTE COUNTY | SUMMARY OF SERVICES | FOR MEDICALLY | NEEDY - TOTAL | | | | |

| BUTTE COUNTY | SUMMARY OF SER | VICES FOR MEDICA | LLY N | EEDY - TOTAL | | | | | | | |
|---|--------------------------------------|---------------------|-------|--|----|---|-------|----|--------------------|-----|----------|
| 0.40 0.66 | | | _ | | | | MC | | | GE. | |
| 242,066 ELIGIBLES | USERS | UNITS OF SERVIC | | EXPENDITURES | | | | | | | COST PER |
| | | OR DAYS OF CAR | | | | R UNIT/DAY | | | USER | | ELIGIBLE |
| @OPTOMETRIST | 3,736 | 9,750 | \$ | 211,588.25 | \$ | 21.70 | .040 | \$ | | \$ | .87 |
| DIAGNOSTIC AND ANC. PROCED | 2,146 | 2,254 | | 95,189.14 | | 42.23 | .009 | | 44.36 | | .39 |
| EYE APPLIANCES | 2,615 | 7,204 | | 109,768.82 | | 15.24 | .030 | | 41.98 | | .45 |
| OTHER OPTOMETRIC SERVICES | 246 | 292 | | 6,630.29 | | 22.71 | .001 | | 26.95 | | .03 |
| @CHIROPRACTOR | 334 | 540 | \$ | 8,862.23 | \$ | | .002 | \$ | | \$ | .04 |
| VISITS | 323 | 525 | | 8,669.32 | | | .002 | | 26.84 | | .04 |
| OTHER SERVICES | 11 | 15 | | 192.91 | | | .000 | | 17.54 | | .00 |
| @PODIATRIST | 845 | 1,454 | \$ | 15,690.41 | \$ | 10.79 | .006 | \$ | 18.57 | \$ | .06 |
| VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY OTHER @HOME HEALTH AGENCY NURSE ANESTHESIST NURSE MIDWIFE PEDIATRIC NURSE PRACTITIONER | 103 | 139 | | 4,031.40 | | 29.00 | .001 | | 39.14 | | .02 |
| SURGERY/ANES. | 8 | 13 | | 778.75 | | 59.90 | .000 | | 97.34 | | .00 |
| RADIO./PATHOLOGY | 20 | 23 | | 423.85 | | 10 /3 | .000 | | 21.19 | | .00 |
| OTHER | 733 | 1,279 | | 10,456.41 | | 18.43 8.18 | .005 | | 14.27 | | .04 |
| QHOME HEALTH AGENCY | 484 | 15,654 | Ś | 510.045.15 | Ś | 32.58 10.55 | . 065 | Ś | 1053.81 | | 2.11 |
| NURSE ANESTHESIST | 290 | 3,473 | Ś | 36,637.03 | Ś | 10.55 | .014 | | 126.33 | | .15 |
| NURSE MIDWIFE | 1.213 | 7,203 | Ś | 236-837-67 | Ś | 32.88 | .030 | | 195.25 | | .98 |
| PEDIATRIC NURSE PRACTITIONER | 2 | 2 | Ś | 10,456.41 510,045.15 36,637.03 236,837.67 58.30 4,964.29 18,712,391.01 | Š | 29.15 | 0.00 | | 29.15 | | .00 |
| FAMILY NURSE PRACTITIONER | 122 | 301 | Ś | 4 964 29 | Š | 29.15 16.49 132.97 | .001 | | 37.33 | | .02 |
| ^ | 0.4.050 | 140,730 | ¢ | 18,712,391.01 | Š | 132 97 | .581 | | 544.61 | | 77.30 |
| HOSP INPATIENT TOTAL | 2 383 | 8 656 | Ÿ | 14,678,175.47 | Y | 1695 72 | .036 | Y | 6159.54 | Y | 60.64 |
| HSC HOSPITALS | 34,359 2,383 206 | 8,656 1,634 | | 2,278,615.55 | | 1695.72 1394.50 1700.97 551.02 | .007 | | 11061.24 | | 9.41 |
| NON-HSC HOSPITAL TOTAL | 1 666 | | | 11,944,238.95 | | 1700 07 | .029 | | 7169.41 | | 49.34 |
| | 1,666 1,661 | 7,022 | | 3,869,250.58 | | EE1 02 | .029 | | 2329.47 | | 15.98 |
| ACCOMMODATIONS ADMINISTRATIVE DAYS | 2 | 7,022 7,022 4 | | 867.38 | | 216 05 | .029 | | 433.69 | | .00 |
| TRANSITIONAL IP CARE | 0 | 4 | | .00 | | 210.03 | .000 | | .00 | | .00 |
| | 1 (50 | 7,018 0 0 | | 2 060 202 20 | | 216.85 .00 551.21 | .029 | | | | |
| ALL OTHER ACCOM | 1,659 1,666 | 7,018 | | 3,868,383.20 | | 331.21 | | | 2331.76 4846.93 | | 15.98 |
| ANCILLARIES | 1,000 | 0 | | 8,074,988.37 | | .00 | .000 | | | | 33.36 |
| INPATIENT CROSSOVERS ALL OTHER INPATIENT HOSP OUTPATIENT TOTAL MEDICAL SURGERY | 529 0 | | | 455,320.97 | | .00 | .000 | | 860.72 | | 1.88 |
| ALL OTHER INPATIENT | 22.006 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| HOSP OUTPATIENT TOTAL | 33,286 | 132,074 | | 4,034,213.34 | | 30.55 45.58 | .546 | | 121.20 68.32 | | 16.67 |
| MEDICAL | 16,520 | 24,762 2,437 | | 1,128,709.09 | | 45.58 | .102 | | 68.32 | | 4.66 |
| SURGERY | 2,037 | 2,437 | | 132,541.60 | | 54.39 | .010 | | 65.07 | | .55 |
| PATHOLOGY | 10,665 | 38,280 | | 501,413.64 | | 13.10 | .158 | | 47.01 | | 2.07 |
| RADIOLOGY | 6,955 18,796 11,502 40 8 | 9,938 | | 687,958.00 | | 69.22 | .041 | | 98.92 | | 2.84 |
| ROOM USE | 18,796 | 25,584 | | 974,856.03 | | 38.10 | .106 | | 51.87 | | 4.03 |
| CROSSOVERS/ALL OTH OUTPTNT | 11,502 | 31,073 | | 608,737.18 | | 19.59 | .128 | | 52.92 | | 2.51 |
| @COUNTY HOSPITAL TOTAL | 40 | 192 | \$ | | Ş | 580.67 | | | 2787.22 | Ş | .46 |
| CO HOSPITAL INPATIENT TOTAL | 8 | 83 | | 107,880.03 | | 1299.76 | .000 | | 13485.00 | | .45 |
| HSC HOSPITALS | 7 | 83 | | 107,040.03 | | 1289.64 | .000 | | 15291.43 | | . 44 |
| NON-HSC HOSPITALS TOTAL | U | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| ACCOMMODATIONS | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| ADMINISTRATIVE DAYS | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| TRANSITIONAL IP CARE | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| ALL OTHER ACCOM | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| ANCILLARIES | 0 | | | .00 | | .00 | .000 | | .00 | | .00 |
| INPATIENT CROSSOVERS | 1 | 0 | | 840.00 | | .00 | .000 | | 840.00 | | .00 |
| ALL OTHER INPATIENT | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| | | | | | | | | | | | |

| CO HOSP OUTPATIENT TOTAL | 34 | 109 | 3,608.96 | 33.11 | .000 | 106.15 | .01 |
|----------------------------|-----------------------|--------------|-------------------------|--------------|----------|--------|----------------|
| MEDICAL | 11 | 15 | 769.91 | 51.33 | .000 | 69.99 | .00 |
| SURGERY | 3 | 3 | 127.49 | 42.50 | .000 | 42.50 | .00 |
| PATHOLOGY | 8 | 31 | 247.49 | 7.98 | .000 | 30.94 | .00 |
| RADIOLOGY | 8 | 12 | 1,055.69 | 87.97 | .000 | 131.96 | .00 |
| ROOM USE | 24 | 28 | 1,091.90 | 39.00 | .000 | 45.50 | .00 |
| CROSSOVERS/ALL OTH OUTPTNT | 11 | 20 | 316.48 | 15.82 | .000 | 28.77 | .00 |
| #CALIF DEPT OF HEALTH SERV | MEDI-CAL SERVICES AND | EXPENDITURES | MONTH-OF-PAYMENT REPORT | FOR JAN 2004 | THRU DE | C 2004 | PAGE 1,131 |
| MOP024 | FEE-FOR-SERVICE/DENTA | L | | | | | 03/14/05 |
| BUTTE COUNTY | SUMMARY OF SERVICES F | OR MEDICALLY | NEEDY - TOTAL | | | | |
| | | | | | 3.603.71 | | ~ - |

| BUTTE COUNTY | SUMMARY OF SERV | VICES FOR MEDICALL | Y NE | EEDY - TOTAL | | | | | | ~- | |
|------------------------------|------------------------|--------------------|------|---------------|----|-----------------------------|------------|----|------------|----|----------|
| | | | | | | | | | THLY AVERA | GE | |
| 242,066 ELIGIBLES | USERS | UNITS OF SERVICE | | EXPENDITURES | | | UNITS/DAY: | | | | COST PER |
| | | OR DAYS OF CARE | | | | | PER ELIG | | USER | | ELIGIBLE |
| | 34,331 | | \$ | 18,600,902.02 | | 132.35 | .581 | \$ | | \$ | |
| COMM HOSP INPATIENT TOTAL | 2,375 | 8 , 573 | | 14,570,295.44 | | 1699.56 | .035 | | 6134.86 | | 60.19 |
| HSC HOSPITALS | 199 | 1,551 | | 2,171,575.52 | 1 | 1400.11 | .006 | | 10912.44 | | 8.97 |
| NON-HSC HOSPITALS TOTAL | 1,666 | 7,022 | | 11,944,238.95 | 1 | L700.97 | .029 | | 7169.41 | | 49.34 |
| ACCOMMODATIONS | 1,661 | 7,022 | | 3,869,250.58 | | 1700.97 551.02 216.85 | .029 | | 2329.47 | | 15.98 |
| ADMINISTRATIVE DAYS | 2 | 4 | | 867.38 | | 216.85 | .000 | | 433.69 | | .00 |
| TRANSITIONAL IP CARE | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| ALL OTHER ACCOM | 0 1 , 659 | 7,018 | | 3,868,383.20 | | 551.21 | .029 | | 2331.76 | | 15.98 |
| ANCILLARIES | 1,666 | 0 | | 8,074,988.37 | | .00 | .000 | | 4846.93 | | 33.36 |
| INPATIENT CROSSOVERS | 528 | 0 | | 454,480.97 | | .00 | .000 | | 860.76 | | 1.88 |
| ALL OTHER INPATIENT | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| COMM HOSP OUTPATIENT TOTAL | 33 , 263 | 131,965 | | 4,030,606.58 | | 30.54 | .545 | | 121.17 | | 16.65 |
| MEDICAL | 16,510 | 24,747 | | 1,127,939.18 | | 45.58 | .102 | | 68.32 | | 4.66 |
| SURGERY | 2,034 | 2,434 | | 132,414.11 | | 54.40 | .010 | | 65.10 | | .55 |
| PATHOLOGY | 10,658 | 38,249 | | 501,166.15 | | 13.10 | .158 | | 47.02 | | 2.07 |
| RADIOLOGY | 6,948 | 9,926 | | 686,902.31 | | 69.20 | .041 | | 98.86 | | 2.84 |
| ROOM USE | 18,778 | 25,556 | | 973,764.13 | | 38.10 | .106 | | 51.86 | | 4.02 |
| CROSSOVERS/ALL OTH OUTPINT | | 31,053 | | 608,420.70 | | 19.59 | .128 | | 52.93 | | 2.51 |
| @STATE HOSPITAL | . 0 | 0 | \$ | 89.10 | \$ | .00 | .000 | \$ | | \$ | .00 |
| MENTALLY ILL | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| DEVELOP. DISABLED | 0 7,457 4 10 | 0 | | 89.10 | | .00 | .000 | | .00 | | .00 |
| @NURSING FACILITY | 7,457 | 222,871 | \$ | 23,212,925.56 | \$ | 104.15 | .921 | \$ | 3112.90 | \$ | 95.90 |
| LEV A-INTERMEDIATE | 4 | 163 | | | | 78.10 | .001 | | 3182.40 | | .05 |
| LEV B-REHAB MD | 10 | 366 | | 41,963.12 | | 114.65 | .002 | | 4196.31 | | .17 |
| LEV B-SUBACUTE FREESTANDING | | 877 | | 307,026.36 | | 114.65 350.09 | .004 | | 10965.23 | | 1.27 |
| LEV B-SUBACUTE HSPTL BASED | 21 | 683 | | 387,422.55 | | 567.24 | .003 | | 18448.69 | | 1.60 |
| LEV B-TRANSITIONAL IP CARE | | 0 | | . 00 | | .00 | .000 | | .00 | | .00 |
| LEV B-REGULAR | 0 7 , 395 | 220,782 | | 22,463,783.95 | | 101.75 | .912 | | 3037.70 | | 92.80 |
| @INTERMEDIATE CARE FACILDD | 316 | | \$ | 1,546,710.71 | \$ | 165.42 | | \$ | 4894.65 | \$ | 6.39 |
| ICF DDH | 212 | 6,272 | | 966,883.25 | | 154.16 | .026 | | 4560.77 | | 3.99 |
| ICF DD | 0 | , 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| ICF DDN/DDCN | 105 283 0 283 | 3,078 | | 579,827.46 | | 188.38 | .013 | | 5522.17 | | 2.40 |
| @HEMODIALYSIS TOTAL | 283 | 2,632 | \$ | | \$ | 101.52 | .011 | \$ | 944.20 | \$ | 1.10 |
| HOSPITAL BASED | 0 | , 0 | | .00 | · | .00 | .000 | · | .00 | | .00 |
| HEMODIALYSIS CENTER | 283 | 2,632 | | 267,208.04 | | 101.52 | .011 | | 944.20 | | 1.10 |
| @REHABILITATION FACILITY | 356 | | \$ | | | 22.31 | .013 | \$ | | \$ | .29 |
| HOSPITAL BASED | 320 | 2,305 | | 57,330.22 | ' | 24.87 | .010 | | 179.16 | | .24 |
| INDEPENDENT FACILITY | 36 | 842 | | 12,869.90 | | 15.28 | .003 | | 357.50 | | .05 |
| @LABORATORY FACILITY | 6,112 | 18,331 | Ś | | \$ | 17.14 | .076 | Ś | | Ś | 1.30 |
| PATHOLOGY | 6,088 | 18,283 | | 313,850.47 | | 17.17 | .076 | | 51.55 | ' | 1.30 |
| XO AND OTHERS | 26 | 48 | | 319.98 | | 6.67 | .000 | | 12.31 | | .00 |
| @ORGANIZED OUTPATIENT CLINIC | 38,241 | | \$ | | Ś | 105.51 | .269 | Ś | | Ś | 28.41 |
| CLINIC | 2,062 | 6,611 | | 302,893.19 | т | 45.82 | .027 | -7 | 146.89 | - | 1.25 |
| | 2,002 | 0,011 | | 002,000.10 | | -0.00 | • • • • | | | | ± • = 0 |

780

 30,566.88
 39.19
 .003
 218.33
 .13

 1,758.48
 11.57
 .001
 219.81
 .01

 SURGICENTER 140 HEROIN DETOX CLINIC 8 152 57,648 6,542,985.24 113.50 RURAL HEALTH CLINIC 36,443 .238 179.54 27.03 #CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 1,132 MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05

SUMMARY OF SERVICES FOR MEDICALLY NEEDY - TOTAL

| 20112 000111 | COLUMNIC OF CELLIFOR | | | | | | | | |
|--------------------------------|----------------------|------------------|--------|--------------------|--------------|------------|-------------|----|--------|
| | | | | | | MO | NTHLY AVERA | GE | |
| 242,066 ELIGIBLES | USERS UN | NITS OF SERVIC | E | EXPENDITURES | AVERAGE COST | UNITS/DAYS | COST PER | CO | ST PER |
| | | OR DAYS OF CAR | E | | PER UNIT/DAY | PER ELIG | USER | EL | IGIBLE |
| @ALL OTHER PROVIDERS | 17,193 | 344,890 | \$ | 2,184,211.93 | \$ 6.33 | 1.425 | \$ 127.04 | \$ | 9.02 |
| DURABLE MED. EQUIP. | 751 | 3 , 519 | | 204,147.67 | 58.01 | .015 | 271.83 | | .84 |
| BLOOD BANK | 5 | 3 , 969 | | 11,907.00 | 3.00 | .016 | 2381.40 | | .05 |
| HEARING AID DISPENSERS | 334 | 633 | | 54 , 594.85 | 86.25 | .003 | 163.46 | | .23 |
| MEDICAL TRANSPORTATION | 2,807 | 69 , 921 | | 568,468.11 | 8.13 | .289 | 202.52 | | 2.35 |
| AMBULANCES/AIR TRANS | 1,404 | 16,103 | | 243,756.98 | 15.14 | .067 | 173.62 | | 1.01 |
| OTHER TRANS | 1,388 | 53 , 351 | | 221,677.72 | 4.16 | .220 | 159.71 | | .92 |
| OTHER SERVICES | 161 | 467 | | 103,033.41 | 220.63 | .002 | 639.96 | | .43 |
| ACUPUNCTURE | 88 | 150 | | 2,712.53 | 18.08 | .001 | 30.82 | | .01 |
| ADULT DAY HEALTH CARE CTR | 148 | 2,242 | | 156,130.60 | 69.64 | .009 | 1054.94 | | .64 |
| GENETIC DISEASE TESTING | 248 | 249 | | 26,145.00 | 105.00 | .001 | 105.42 | | .11 |
| IHMC, MODEL-NF, NF, AIDS, MSSP | 472 | 7,983 | | 354,203.73 | 44.37 | .033 | 750.43 | | 1.46 |
| OCCUPATIONAL THERAPIST | 0 | 0 | | .00 | .00 | .000 | .00 | | .00 |
| OPTICIAN | 2,850 | 6,263 | | 60,224.93 | 9.62 | .026 | 21.13 | | .25 |
| PHYSICAL THERAPIST | 127 | 1,234 | | 18,278.94 | 14.81 | .005 | 143.93 | | .08 |
| PORTABLE X-RAY | 43 | 59 | | 98.77 | 1.67 | .000 | 2.30 | | .00 |
| PROSTHETIST/ORTHOTISTS | 132 | 247 | | 23,194.01 | 93.90 | .001 | 175.71 | | .10 |
| PROSTHETICS | 126 | 234 | | 21,774.25 | 93.05 | .001 | 172.81 | | .09 |
| ORTHOTICS | 6 | 13 | | 1,419.76 | 109.21 | .000 | 236.63 | | .01 |
| PSYCHOLOGIST | 9 | 31 | | 1,599.26 | 51.59 | .000 | 177.70 | | .01 |
| SPEECH AND AUDIOLOGY | 494 | 1,407 | | 69,343.02 | 49.28 | .006 | 140.37 | | .29 |
| HOSPICE SERVICES | 109 | 2,438 | | 269,348.75 | 110.48 | .010 | 2471.09 | | 1.11 |
| NONINST BIRTHING CENTERS | 0 | 0 | | .00 | .00 | .000 | .00 | | .00 |
| LOCAL EDUCATION AGENCIES | 6 , 197 | 18,673 | | 171,511.73 | 9.19 | .077 | 27.68 | | .71 |
| EPSDT SUPPLEMENTAL SERVICE | 5 | 405 | | 11,785.56 | 29.10 | .002 | 2357.11 | | .05 |
| RESPIRATORY CARE PRACT. | 0 | 0 | | .00 | .00 | .000 | .00 | | .00 |
| PED SUBACUTE REHAB/WEANING | 0 | 0 | | .00 | .00 | .000 | .00 | | .00 |
| ALL OTHER PROVIDERS | 3,168 | 225,467 | | 180,517.47 | .80 | .931 | 56.98 | | .75 |
| @CALIF. CHILDREN SERVICES* | 664 | 23,094 | \$ | 2,007,242.40 | \$ 86.92 | .095 | \$ 3022.96 | \$ | 8.29 |
| @XOVER EXCLUDING STATE HOSP** | 10,994 | 153 , 889 | \$ | 2,100,687.36 | \$ 13.65 | .636 | \$ 191.08 | \$ | 8.68 |
| @* TOTALS IN THESE LINES ARE | GIVEN AS A SEPARATE | INFORMATION | ITEM C | NLY; | | | | | |

TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

BUTTE COUNTY

PAGE 1,133 #CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05

MONIBILL A VEDACE

BUTTE COUNTY SUMMARY OF SERVICES FOR MIC - NO SOC 03 04 2A 45 4A 4K 4M 5K 7T 82 8E 8W

| | | | | | | MON | THLY AVERAC | -E |
|-----------------------|-------|------------------|----|---------------------|--------------|------------|-------------|-----------|
| 19,570 ELIGIBLES | USERS | UNITS OF SERVICE | Ε | EXPENDITURES | AVERAGE COST | UNITS/DAYS | COST PER | COST PER |
| | | OR DAYS OF CAR | E | | PER UNIT/DAY | PER ELIG | USER | ELIGIBLE |
| @TOTAL, ALL PROVIDERS | 9,945 | 57 , 142 | \$ | 2,718,317.14 | \$ 47.57 | 2.920 \$ | 273.34 | \$ 138.90 |
| @PHYSICIANS SERVICES | 1,876 | 4,401 | \$ | 198 , 986.93 | \$ 45.21 | .225 \$ | 106.07 | \$ 10.17 |
| OUTPATIENT VISITS | 1,046 | 1,330 | | 56 , 758.95 | 42.68 | .068 | 54.26 | 2.90 |
| OFFICE VISITS | 750 | 903 | | 31,798.83 | 35.21 | .046 | 42.40 | 1.62 |
| HOME VISITS | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| EMERGENCY ROOM | 216 | 237 | | 13,319.93 | 56.20 | .012 | 61.67 | .68 |
| PREVENTIVE CARE | 1 | 1 | | 45.33 | 45.33 | .000 | 45.33 | .00 |
| OB VISITS/COMPRE PERI | 69 | 144 | | 10,213.43 | 70.93 | .007 | 148.02 | .52 |

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

| OTHER OUTPATIENT INPATIENT VISITS HOSPITAL VISITS | 3.8 | 45 | | 1,381.43 | | 30.70 | .002 | | 36.35 | | .07 |
|---|-----------------------|------------------------------|--------|----------------------------------|-------|--------------------------|-----------|------|----------------|----|-------------|
| INPATIENT VISITS | 106 | 370 | | 20 401 80 | | 55 14 | 019 | | 192.47 | | 1.04 |
| HOSPITAL VISITS | 104 | 325 | | 14,098.41 | | 43 38 | .017 | | 135.56 | | .72 |
| CRITICAL CARE | 7 | | | 6,303.39 | | 140.08 | .002 | | 900.48 | | .32 |
| SNE/ICE/TRANS ID CARE | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| OPHTHALMOLOGICAL SERVICES | 49 | 53 | | 2 368 31 | | 44.69 | .003 | | 48.33 | | .12 |
| FYAMINATIONS | 10 | 53 | | 2,368.31 | | 44.69 | .003 | | 48.33 | | .12 |
| CEDVICES AND MATERIALS | 0 | 0 | | 2,368.31 | | .00 | .000 | | .00 | | .00 |
| TNDATTENT HOSDITAL SURGERY | 73 | 418 | | 41,256.42 | | 98.70 | .021 | | 565.16 | | 2.11 |
| DETNICIONI GUDCEON | 5.4 | 72 | | 24 122 01 | | 473.93 | .004 | | 631.91 | | 1.74 |
| ASSISTANT SURGEON | 2 | 8 | | 1,303.08 | | 162.89 | | | 162.89 | | .07 |
| ANECTUECTOLOCICE | 23 | 338 | | 5,830.43 | | 17.25 | .017 | | 253.50 | | .30 |
| VILLDY LIENT CIDCEDA | 121 | 491 | | 25,209.92 | | 51.34 | .025 | | 188.13 | | 1.29 |
| DDINGIDAL CUDGEON | 105 | 131 | | 19,241.49 | | 146.88 | .023 | | 183.25 | | .98 |
| PRINCIPAL SURGEON | 103 | 2 | | 115.79 | | 57.90 | .007 | | 57.90 | | .98 |
| ASSISTANT SURGEON | 4.0 | 250 | | 5,852.64 | | 16.35 | | | 146.32 | | .30 |
| ANESTHESIOLOGIST | 40 | 338 | | 5,852.64 | | .00 | .000 | | .00 | | .00 |
| HOSPITAL VISITS CRITICAL CARE SNF/ICF/TRANS IP CARE OPHTHALMOLOGICAL SERVICES EXAMINATIONS SERVICES AND MATERIALS INPATIENT HOSPITAL SURGERY PRINCIPAL SURGEON ASSISTANT SURGEON ANESTHESIOLOGIST OUTPATIENT SURGERY PRINCIPAL SURGEON ASSISTANT SURGEON ASSISTANT SURGEON ASSISTANT SURGEON ANESTHESIOLOGIST DIALYSIS PATHOLOGY RADIOLOGY PSYCHIATRY IMMUNIZATION AND INJECTION OTHER SERVICES/ALL X-OVERS | 0 | 0 153 990 | | .00 2,353.75 | | 15.38 | .008 | | 24.78 | | .12 |
| PATHOLOGY | 95 | 153 | | | | 30.23 | | | | | |
| RADIOLOGY | 654 | 990 | | 29,928.84 | | | .051 | | 45.76 73.29 | | 1.53 .01 |
| PSYCHIATRY | 2.4 | | | 146.58 | | 73.29 | .000 | | | | |
| IMMUNIZATION AND INJECTION | 24 | 42 | | 1,071.64 | | 25.52 | | | 44.65 | | .05 |
| OTHER SERVICES/ALL X-OVERS | 224 | 552 | | 19,490.72 | | 35.31 | | | 87.01 | | 1.00 |
| @PHARMACY | 4,520 | 13,452 | \$ | 637,800.75 | | | .687 | Ş | | Ş | 32.59 |
| PRESCRIPTION DRUGS | 4,482 | 10,269 | | 619,423.05 | | | .525 | | 138.20 | | 31.65 |
| SNF/ICF | 3 | 60 | | 2,830.39 | | 47.17 | .003 | | 943.46 | | .14 |
| OTHER SERVICES/ALL X-OVERS @PHARMACY PRESCRIPTION DRUGS SNF/ICF OUTPATIENTS MEDICAL SUPPLIES @DENTIST VISITS - DIAGNOSTIC ORAL SURGERY DRUGS ANESTHESIA PERIODONTICS ENDODONTICS RESTORATIVE DENTISTRY PROSTHETICS | 4,479 | 10,209 | | 616,592.66 18,377.70 | | 60.40 | .522 | | 137.66 | | |
| MEDICAL SUPPLIES | 106 | 3,183 | | 18,377.70 | | | | | 173.37 | | .94 |
| @DENTIST | 709 | 4,120 | \$ | 126,845.78 | | 30.79 | | \$ | | \$ | 6.48 |
| VISITS - DIAGNOSTIC | 550 | 2 , 833 | | 43,106.85 | | 15.22 | .145 | | 78.38 | | 2.20 |
| ORAL SURGERY | 90 | 233 | | 20,100.85 | | 86.27 | .012 | | 223.34 | | 1.03 |
| DRUGS | 6 | 9 | | 175.00 | | 19.44 | .000 | | 29.17 | | .01 |
| ANESTHESIA | 6 | 6 | | 395.00 | | 65.83 | | | 65.83 | | .02 |
| PERIODONTICS | 5 | 9 6 5 72 844 | | 464.00 | | 92.80 179.50 48.06 | .000 | | 92.80 | | |
| ENDODONTICS | 42 | 72 | | 464.00 12,924.00 40.560.43 | | 179.50 | .004 | | 307.71 | | .66 |
| RESTORATIVE DENTISTRY | 246 | 844 | | 40,560.43 | | 48.06 | .043 | | 164.88 | | 2.07 |
| PROSTHETICS | 1 | 1 | | 30.00 | | 30.00 | .000 | | 30.00 | | .00 |
| PROSTHETICS DENTURES, STAYPLATES SPACE MAINTAINERS MAXILLOFACIAL SERVICES FRACTURES, DISLOCATIONS | 1 | 844 1 5 4 3 4 | | 242.00 | | 48.40 | .000 | | 242.00 | | .01 |
| SPACE MAINTAINERS | 4 | 4 | | 345.00 | | 86.25 | .000 | | 86.25 | | .02 |
| MAXILLOFACIAL SERVICES | 3 | 3 | | 210.15 | | 70.05 | .000 | | 70.05 | | .01 |
| FRACTURES, DISLOCATIONS | 2 | 4 | | 3,272.50 | | 818.13 | .000 | | 1636.25 | | .17 |
| ORTHODONTIC SERVICES | 62 | 1 3 | | 4,645.00 | | 63.63 | .004 | | 74.92 | | .24 |
| ALL OTHER SERVICES | 18 | 28 | | 375.00 | | 13.39 | .001 | | 20.83 | | .02 |
| #CALIF DEPT OF HEALTH SERV | | | JRES 1 | | EPORT | | 2004 THRU | DEC | | | AGE 1,134 |
| | FEE-FOR-SERVICE/DENTA | | | | | | | | | | 03/14/05 |
| | SUMMARY OF SERVICES F | | NO SO | OC 03 04 2A 45 4A | 4K 4M | 5K 7T 8 | 2 8E 8W | | | | . , |
| | | | | | | | | ONTE | HLY AVERA | GE | |

----- MONTHLY AVERAGE -----19,570 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE @OPTOMETRIST 221 601 13,170.13 21.91 .031 \$ 59.59 \$.67 162 177 7,112.28 40.18 .009 43.90 .36 DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES 159 421 6,011.03 14.28 .022 37.81 .31 OTHER OPTOMETRIC SERVICES 3 3 46.82 15.61 .000 15.61 .00 21 35 585.20 16.72 .002 \$ 27.87 \$.03 @CHIROPRACTOR VISITS 21 35 585.20 16.72 .002 27.87 .03 OTHER SERVICES 0 0 .00 .00 .000 .00 .00 8 13 31.71 51.53 \$ @PODIATRIST 412.24 \$.001 \$.02

| MEDICINE/INJECTIONS | 7 | 8 | 268.62 | 33.58 | .000 | 38.37 | .01 |
|------------------------------|-------|----------------|--------------------|-------------|------|---------------|-------------|
| SURGERY/ANES. | 1 | 2 | 47.02 | 23.51 | .000 | 47.02 | .00 |
| RADIO./PATHOLOGY | 1 | 1 | 24.22 | 24.22 | .000 | 24.22 | .00 |
| OTHER | 1 | 2 | 72.38 | 36.19 | .000 | 72.38 | .00 |
| @HOME HEALTH AGENCY | 48 | 3 , 992 | \$ 117,179.28 | \$ 29.35 | .204 | \$ 2441.24 | \$ 5.99 |
| NURSE ANESTHESIST | 14 | 212 | \$ 1,828.21 | \$ 8.62 | .011 | \$ 130.59 | \$.09 |
| NURSE MIDWIFE | 172 | 1,191 | \$ 28,122.18 | \$ 23.61 | .061 | \$ 163.50 | \$ 1.44 |
| PEDIATRIC NURSE PRACTITIONER | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 |
| FAMILY NURSE PRACTITIONER | 1 | 1 | \$ 57.20 | \$ 57.20 | .000 | \$ 57.20 | \$.00 |
| @TOTAL HOSPITAL | 2,722 | 10,221 | \$ 911,763.49 | \$ 89.20 | .522 | \$ 334.96 | \$ 46.59 |
| HOSP INPATIENT TOTAL | 107 | 379 | 607,931.64 | 1604.04 | .019 | 5681.60 | 31.06 |
| HSC HOSPITALS | 9 | 67 | 90,126.04 | 1345.16 | .003 | 10014.00 | 4.61 |
| NON-HSC HOSPITAL TOTAL | 98 | 312 | 517,805.60 | 1659.63 | .016 | 5283.73 | 26.46 |
| ACCOMMODATIONS | 98 | 312 | 153,397.62 | 491.66 | .016 | 1565.28 | 7.84 |
| ADMINISTRATIVE DAYS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| TRANSITIONAL IP CARE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER ACCOM | 98 | 312 | 153,397.62 | 491.66 | .016 | 1565.28 | 7.84 |
| ANCILLARIES | 98 | 0 | 364,407.98 | .00 | .000 | 3718.45 | 18.62 |
| INPATIENT CROSSOVERS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER INPATIENT | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| HOSP OUTPATIENT TOTAL | 2,667 | 9,842 | 303,831.85 | 30.87 | .503 | 113.92 | 15.53 |
| MEDICAL | 1,425 | 2,070 | 94,601.81 | 45.70 | .106 | 66.39 | 4.83 |
| SURGERY | 155 | 184 | 9,732.18 | 52.89 | .009 | 62.79 | .50 |
| PATHOLOGY | 903 | 2,961 | 39 , 371.42 | 13.30 | .151 | 43.60 | 2.01 |
| RADIOLOGY | 531 | 738 | 43,138.07 | 58.45 | .038 | 81.24 | 2.20 |
| ROOM USE | 1,902 | 2,497 | 92,063.88 | 36.87 | .128 | 48.40 | 4.70 |
| CROSSOVERS/ALL OTH OUTPTNT | 661 | 1,392 | 24,924.49 | 17.91 | .071 | 37.71 | 1.27 |
| @COUNTY HOSPITAL TOTAL | 2 | 3 | \$ 157.07 | \$ 52.36 | .000 | \$ 78.54 | \$.01 |
| CO HOSPITAL INPATIENT TOTAL | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| HSC HOSPITALS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| NON-HSC HOSPITALS TOTAL | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ACCOMMODATIONS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |

| ADMINISTRATIVE DAYS | 0 | 0 | | .00 | .00 | .000 | .00 | | .00 |
|--|-----------------|-------------------|---------|------------------|-------------------|--------------|----------------|-----|------------------------|
| TRANSITIONAL IP CARE | 0 | 0 | | .00 | .00 | .000 | .00 | | .00 |
| ALL OTHER ACCOM | 0 | 0 | | .00 | .00 | .000 | .00 | | .00 |
| ANCILLARIES | 0 | 0 | | .00 | .00 | .000 | .00 | | .00 |
| INPATIENT CROSSOVERS | 0 | 0 | | .00 | .00 | .000 | .00 | | .00 |
| ALL OTHER INPATIENT | 0 | 0 | | .00 | .00 | .000 | .00 | | .00 |
| CO HOSP OUTPATIENT TOTAL | 0 | 0 | | 157.07 | 52.36 | .000 | 78.54 | | .01 |
| MEDICAL | 2 | 3 | | 120.83 | 60.42 | .000 | 60.42 | | .01 |
| SURGERY | 2 | 2 | | .00 | .00 | .000 | .00 | | .00 |
| | 0 | 0 | | .00 | .00 | .000 | .00 | | .00 |
| PATHOLOGY RADIOLOGY | 0 | 0 | | .00 | .00 | .000 | .00 | | .00 |
| ROOM USE | 1 | 1 | | 36.24 | 36.24 | .000 | 36.24 | | .00 |
| CROSSOVERS/ALL OTH OUTPTNT | 0 | 0 | | .00 | .00 | .000 | .00 | | .00 |
| #CALIF DEPT OF HEALTH SERV | • | CES AND EXPENDITU | IDEC MO | | | | | | |
| MOP024 | FEE-FOR-SERVICE | | JRES MO | NTH-OF-PAIMENT R | EPORT FOR JAN | 2004 THRO DE | L 2004 | 1 | PAGE 1,135 03/14/05 |
| BUTTE COUNTY | | VICES FOR MIC - | NO COC | 02 04 23 45 43 | ATZ AM ETZ 7ED OO | 0.00 | | | 03/14/05 |
| BUILE COUNTI | SUMMARI OF SER | VICES FOR MIC - | NO SOC | 03 04 2A 43 4A | 4N 4M JN /1 02 | | מתנוד ע אנודים | CE | |
| 19,570 ELIGIBLES | USERS | UNITS OF SERVIC | יםי | EXPENDITURES | AVERAGE COST | MON | COST PER | 1GE | COST PER |
| 19,370 ELIGIBLES | CALCO | OR DAYS OF CAR | | EXPENDITORES | PER UNIT/DAY | | USER | | ELIGIBLE |
| @COMMUNITY HOSPITAL TOTAL | 2,720 | 10,218 | \$ | 911,606.42 | \$ 89.22 | .522 \$ | | Ċ | 46.58 |
| COMM HOSP INPATIENT TOTAL | 107 | 379 | Ą | 607,931.64 | 1604.04 | .019 | 5681.60 | ۲ | 31.06 |
| HSC HOSPITALS | 9 | 67 | | 90,126.04 | 1345.16 | .003 | 10014.00 | | 4.61 |
| NON-HSC HOSPITALS TOTAL | 98 | 312 | | 517,805.60 | 1659.63 | .016 | 5283.73 | | 26.46 |
| ACCOMMODATIONS | 98 | 312 | | 153,397.62 | 491.66 | .016 | 1565.28 | | 7.84 |
| ADMINISTRATIVE DAYS | 0 | 0 | | .00 | .00 | .000 | .00 | | .00 |
| TRANSITIONAL IP CARE | 0 | 0 | | .00 | .00 | .000 | .00 | | .00 |
| ALL OTHER ACCOM | 98 | 312 | | 153,397.62 | 491.66 | .016 | 1565.28 | | 7.84 |
| ANCILLARIES | 98 | 0 | | 364,407.98 | .00 | .000 | 3718.45 | | 18.62 |
| INPATIENT CROSSOVERS | 90 | 0 | | .00 | .00 | .000 | .00 | | .00 |
| ALL OTHER INPATIENT | 0 | 0 | | .00 | .00 | .000 | .00 | | .00 |
| COMM HOSP OUTPATIENT TOTAL | 2 , 665 | 9,839 | | 303,674.78 | 30.86 | .503 | 113.95 | | 15.52 |
| MEDICAL | 1,423 | 2,068 | | 94,480.98 | 45.69 | .106 | 66.40 | | 4.83 |
| SURGERY | 1,423 | 184 | | 9,732.18 | 52.89 | .009 | 62.79 | | .50 |
| PATHOLOGY | 903 | 2,961 | | 39,371.42 | 13.30 | .151 | 43.60 | | 2.01 |
| RADIOLOGY | 531 | 738 | | 43,138.07 | 58.45 | .038 | 81.24 | | 2.20 |
| ROOM USE | 1,901 | 2,496 | | 92,027.64 | 36.87 | .128 | 48.41 | | 4.70 |
| CROSSOVERS/ALL OTH OUTPTNT | | 1,392 | | 24,924.49 | 17.91 | .071 | 37.71 | | 1.27 |
| @STATE HOSPITAL | 0 | 1,392 | \$ | .00 | \$.00 | .000 \$ | | Ċ | .00 |
| MENTALLY ILL | 0 | 0 | Ÿ | .00 | .00 | .000 | .00 | Y | .00 |
| DEVELOP. DISABLED | 0 | 0 | | .00 | .00 | .000 | .00 | | .00 |
| @NURSING FACILITY | Δ | 133 | S | 15,906.80 | \$ 119.60 | .007 \$ | | Ś | .81 |
| LEV A-INTERMEDIATE | 0 | 0 | Y | .00 | .00 | .000 | .00 | Y | .00 |
| LEV B-REHAB MD | 0 | 0 | | .00 | .00 | .000 | .00 | | .00 |
| LEV B-REHAD MD LEV B-SUBACUTE FREESTANDING | 0 | 0 | | .00 | .00 | .000 | .00 | | .00 |
| LEV B-SUBACUTE FREESTANDING LEV B-SUBACUTE HSPTL BASED | 0 | 0 | | .00 | .00 | .000 | .00 | | .00 |
| LEV B-SUBACUIE HSFIL BASED LEV B-TRANSITIONAL IP CARE | 0 | 0 | | .00 | .00 | .000 | .00 | | .00 |
| LEV B-REGULAR | Λ Λ | 133 | | 15,906.80 | 119.60 | .007 | 3976.70 | | .81 |
| TEA D LEGATUR | 4 | 133 | | 13, 300.00 | 119.00 | .007 | 3310.10 | | • 0 ± |

0

0

0

0

0

0

0

\$

555

39

.00

.00

.00

.00

.00

.00

.00

9,071.53

850.40

.00

.00

.00

.00

.00

.00

.00

16.35

21.81

.000 \$

.000 \$

.028 \$

.000

.000

.000

.000

.000

.002

.00 \$

.00 \$

.00

.00

.00

.00

.00

412.34 \$

141.73

.00

.00

.00

.00

.00

.00

.00

.46

.04

@INTERMEDIATE CARE FACIL.-DD

ICF DDH

ICF DDN/DDCN

@HEMODIALYSIS TOTAL

HEMODIALYSIS CENTER

@REHABILITATION FACILITY

HOSPITAL BASED

HOSPITAL BASED

ICF DD

0

0

0

0

0

0

6

22

| INDEPENDENT FACILITY | 16 | 516 | 8,221.1 | 3 | 15.93 | .026 | 513.82 | .42 |
|------------------------------|--------------------|-----------------|--------------------|---------|-------------|----------|-----------|------------|
| @LABORATORY FACILITY | 491 | 1,339 | \$ 24,708.9 | 6 \$ | 18.45 | .068 | \$ 50.32 | \$ 1.26 |
| PATHOLOGY | 491 | 1,339 | 24,708.9 | 6 | 18.45 | .068 | 50.32 | 1.26 |
| XO AND OTHERS | 0 | 0 | .0 | 0 | .00 | .000 | .00 | .00 |
| @ORGANIZED OUTPATIENT CLINIC | 3,123 | 5,332 | \$ 533,161.2 | 9 \$ | 99.99 | .272 | \$ 170.72 | \$ 27.24 |
| CLINIC | 222 | 1,010 | 32,351.5 | 6 | 32.03 | .052 | 145.73 | 1.65 |
| SURGICENTER | 7 | 34 | 1,260.7 | 1 | 37.08 | .002 | 180.10 | .06 |
| HEROIN DETOX CLINIC | 1 | 8 | 120.2 | 1 | 15.03 | .000 | 120.21 | .01 |
| RURAL HEALTH CLINIC | 2 , 925 | 4,280 | 499,428.8 | 1 | 116.69 | .219 | 170.74 | 25.52 |
| #CALIF DEPT OF HEALTH SERV | MEDI-CAL SERVICES | AND EXPENDITURE | S MONTH-OF-PAYMENT | REPOR' | r for Jan 2 | 004 THRU | DEC 2004 | PAGE 1,136 |
| MOP024 | FEE-FOR-SERVICE/DI | ENTAL | | | | | | 03/14/05 |
| BUTTE COUNTY | SUMMARY OF SERVICE | ES FOR MIC - NO | SOC 03 04 2A 45 4. | A 4K 41 | M 5K 7T 82 | 8E 8W | | |
| | | | | | | | | |

Contact | The ----- MONTHLY AVERAGE -----19,570 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 1,137 FEE-FOR-SERVICE/DENTAL 03/14/05 MOP024 BUTTE COUNTY SUMMARY OF SERVICES FOR MIC - SOC AID CODE 83

| | | | | | | MON | THLY AVERA | GE |
|-----------------------|-------|-----------------|----|--------------|--------------|------------|------------|------------|
| 154 ELIGIBLES | USERS | UNITS OF SERVIC | E | EXPENDITURES | AVERAGE COST | UNITS/DAYS | COST PER | COST PER |
| | | OR DAYS OF CAR | E | | PER UNIT/DAY | PER ELIG | USER | ELIGIBLE |
| @TOTAL, ALL PROVIDERS | 306 | 1,831 | \$ | 281,300.53 | \$ 153.63 | 11.890 \$ | 919.28 | \$ 1826.63 |
| @PHYSICIANS SERVICES | 126 | 445 | \$ | 28,249.28 | \$ 63.48 | 2.890 \$ | 224.20 | \$ 183.44 |

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

| OUTPATIENT VISITS | 34 | 41 | | 2,406.92 | 58.71 | .266 | 70.79 | | 15.63 |
|----------------------------|-----------------|------------------|-----|---------------------|---------------|--------------|--------------|----|----------|
| OFFICE VISITS | 18 | 21 | | 844.00 | 40.19 | .136 | 46.89 | | 5.48 |
| HOME VISITS | 0 | 0 | | .00 | .00 | .000 | .00 | | .00 |
| EMERGENCY ROOM | 14 | 17 | | 1,078.69 | 63.45 | .110 | 77.05 | | 7.00 |
| PREVENTIVE CARE | 0 | 0 | | .00 | .00 | .000 | .00 | | .00 |
| OB VISITS/COMPRE PERI | 3 | 3 | | 484.23 | 161.41 | .019 | 161.41 | | 3.14 |
| OTHER OUTPATIENT | 0 | 0 | | .00 | .00 | .000 | .00 | | .00 |
| INPATIENT VISITS | 21 | 66 | | 6,510.19 | 98.64 | .429 | 310.01 | | 42.27 |
| HOSPITAL VISITS | 19 | 41 | | 1,960.25 | 47.81 | .266 | 103.17 | | 12.73 |
| CRITICAL CARE | 4 | 25 | | 4,549.94 | 182.00 | .162 | 1137.49 | | 29.55 |
| SNF/ICF/TRANS IP CARE | 0 | 0 | | .00 | .00 | .000 | .00 | | .00 |
| OPHTHALMOLOGICAL SERVICES | 1 | 1 | | 47.88 | 47.88 | .006 | 47.88 | | .31 |
| EXAMINATIONS | 1 | 1 | | 47.88 | 47.88 | .006 | 47.88 | | .31 |
| SERVICES AND MATERIALS | 0 | 0 | | .00 | .00 | .000 | .00 | | .00 |
| INPATIENT HOSPITAL SURGERY | 27 | 113 | | 10,997.40 | 97.32 | .734 | 407.31 | | 71.41 |
| PRINCIPAL SURGEON | 19 | 25 | | 8,632.29 | 345.29 | .162 | 454.33 | | 56.05 |
| ASSISTANT SURGEON | 2 | 2 | | 509.03 | 254.52 | .013 | 254.52 | | 3.31 |
| ANESTHESIOLOGIST | 7 | 86 | | 1,856.08 | 21.58 | .558 | 265.15 | | 12.05 |
| OUTPATIENT SURGERY | 13 | 49 | | 2,161.65 | 44.12 | .318 | 166.28 | | 14.04 |
| PRINCIPAL SURGEON | 8 | 9 | | 1,373.76 | 152.64 | .058 | 171.72 | | 8.92 |
| ASSISTANT SURGEON | 1 | 1 | | 93.08 | 93.08 | .006 | 93.08 | | .60 |
| ANESTHESIOLOGIST | 4 | 39 | | 694.81 | 17.82 | .253 | 173.70 | | 4.51 |
| DIALYSIS | 0 | 0 | | .00 | .00 | .000 | .00 | | .00 |
| PATHOLOGY | 5 | 6 | | 71.31 | 11.89 | .039 | 14.26 | | .46 |
| RADIOLOGY | 61 | 151 | | 4,811.09 | 31.86 | .981 | 78.87 | | 31.24 |
| PSYCHIATRY | 0 | 0 | | .00 | .00 | .000 | .00 | | .00 |
| IMMUNIZATION AND INJECTION | 1 | 2 | | 11.30 | 5.65 | .013 | 11.30 | | .07 |
| OTHER SERVICES/ALL X-OVERS | 12 | 16 | | 1,231.54 | 76.97 | .104 | 102.63 | | 8.00 |
| @PHARMACY | 41 | 94 | \$ | 6,759.71 | \$ 71.91 | .610 | | Ś | 43.89 |
| PRESCRIPTION DRUGS | 41 | 93 | т. | 6,687.14 | 71.90 | .604 | 163.10 | т | 43.42 |
| SNF/ICF | 0 | 0 | | .00 | .00 | .000 | .00 | | .00 |
| OUTPATIENTS | 41 | 93 | | 6,687.14 | 71.90 | .604 | 163.10 | | 43.42 |
| MEDICAL SUPPLIES | 1 | 1 | | 72.57 | 72.57 | .006 | 72.57 | | .47 |
| @DENTIST | 23 | 173 | \$ | 4,955.00 | | 1.123 | | Ś | 32.18 |
| VISITS - DIAGNOSTIC | 18 | 97 | т | 1,104.00 | 11.38 | .630 | 61.33 | Τ. | 7.17 |
| ORAL SURGERY | 6 | 20 | | 926.00 | 46.30 | .130 | 154.33 | | 6.01 |
| DRUGS | 0 | 0 | | .00 | .00 | .000 | .00 | | .00 |
| ANESTHESIA | 1 | 1 | | .00 | .00 | .006 | .00 | | .00 |
| PERIODONTICS | 0 | 0 | | .00 | .00 | .000 | .00 | | .00 |
| ENDODONTICS | 1 | 2 | | 613.00 | 306.50 | .013 | 613.00 | | 3.98 |
| RESTORATIVE DENTISTRY | 10 | 48 | | 2,312.00 | 48.17 | .312 | 231.20 | | 15.01 |
| PROSTHETICS | 0 | 0 | | .00 | .00 | .000 | .00 | | .00 |
| DENTURES, STAYPLATES | 0 | 0 | | .00 | .00 | .000 | .00 | | .00 |
| SPACE MAINTAINERS | 1 | 1 | | .00 | .00 | .006 | .00 | | .00 |
| MAXILLOFACIAL SERVICES | 0 | 0 | | .00 | .00 | .000 | .00 | | .00 |
| FRACTURES, DISLOCATIONS | 0 | 0 | | .00 | .00 | .000 | .00 | | .00 |
| ORTHODONTIC SERVICES | 1 | 2 | | .00 | .00 | .013 | .00 | | .00 |
| ALL OTHER SERVICES | _ | 2 | | .00 | | | | | |
| #CALIF DEPT OF HEALTH SERV | MEDI-CAI SEDVIC | | | | | | | | |
| | FEE-FOR-SERVICE | | (L) | MONIII OF FAIMENT N | EFORT FOR UAN | 2004 11110 1 | DEC 2004 | | 03/14/05 |
| | | ICES FOR MIC - S | SOC | | AID CODE | 83 | | | 03/14/03 |
| BOILE COONII | SOMMANI OF SERV | ICES FOR MIC 2 | 300 | | AID CODE | | ONTHLY AVERA | CF | |
| 154 ELIGIBLES | USERS | UNITS OF SERVICE | 7. | EXPENDITURES | AVERAGE COST | | | | |
| 101 1110111110 | ODEIND | OR DAYS OF CARE | | T171 TIAD 1 1 01/E3 | PER UNIT/DAY | | | | ELIGIBLE |
| @OPTOMETRIST | 4 | 11 | | 281 92 | \$ 25.63 | | \$ 70.48 | | |
| DIAGNOSTIC AND ANC. PROCED | 4 | 5 | 7 | 205.07 | | .032 | 51 27 | ~ | 1.33 |
| DIMONOCITE MAD ANC. INOCED | ī | 9 | | 200.07 | | .052 | J±•21 | | 1.00 |

| EYE APPLIANCES | 1 | 6 | | 76.85 | | 12.81 | .039 | 76.85 | | .50 |
|------------------------------|-----------------------|------------|---------|-------------------|--------|-----------|-------------|--------------|-----|-----------|
| OTHER OPTOMETRIC SERVICES | 0 | 0 | | .00 | | .00 | .000 | .00 | | .00 |
| @CHIROPRACTOR | 0 | 0 | \$ | .00 | \$ | .00 | .000 | \$.00 | \$ | .00 |
| VISITS | 0 | 0 | | .00 | | .00 | .000 | .00 | | .00 |
| OTHER SERVICES | 0 | 0 | | .00 | | .00 | .000 | .00 | | .00 |
| @PODIATRIST | 0 | 0 | \$ | .00 | Ś | .00 | .000 | | Ś | .00 |
| MEDICINE/INJECTIONS | 0 | 0 | Ψ | .00 | Ψ | .00 | .000 | .00 | Ψ. | .00 |
| SURGERY/ANES. | 0 | 0 | | | | | | .00 | | |
| | 0 | 0 | | .00 | | .00 | .000 | | | .00 |
| RADIO./PATHOLOGY | • | - | | .00 | | .00 | .000 | .00 | | .00 |
| OTHER | 0 | 0 | | .00 | | .00 | .000 | .00 | | .00 |
| @HOME HEALTH AGENCY | 1 | 2 | \$ | 149.72 | \$ | 74.86 | .013 | | | .97 |
| NURSE ANESTHESIST | 1 | 11 | \$ | 102.71 | \$ | 9.34 | .071 | \$ 102.71 | \$ | .67 |
| NURSE MIDWIFE | 3 | 5 | \$ | 1,278.71 | \$ | 255.74 | .032 | \$ 426.24 | \$ | 8.30 |
| PEDIATRIC NURSE PRACTITIONER | 0 | 0 | \$ | .00 | \$ | .00 | .000 | \$.00 | \$ | .00 |
| FAMILY NURSE PRACTITIONER | 0 | 0 | \$ | .00 | \$ | .00 | .000 | \$.00 | \$ | .00 |
| @TOTAL HOSPITAL | 130 | 620 | \$ | 223,478.00 | Ś | 360.45 | 4.026 | | | 1451.16 |
| HOSP INPATIENT TOTAL | 24 | 71 | т | 206,380.38 | 4 | 2906.77 | .461 | 8599.18 | | 1340.13 |
| HSC HOSPITALS | 3 | 20 | | 30,458.37 | | 1522.92 | .130 | 10152.79 | | 197.78 |
| | 21 | 51 | | | | | | 8377.24 | | |
| NON-HSC HOSPITAL TOTAL | | | | 175,922.01 | | 3449.45 | .331 | | | 1142.35 |
| ACCOMMODATIONS | 21 | 51 | | 37,514.49 | | 735.58 | .331 | 1786.40 | | 243.60 |
| ADMINISTRATIVE DAYS | 0 | 0 | | .00 | | .00 | .000 | .00 | | .00 |
| TRANSITIONAL IP CARE | 0 | 0 | | .00 | | .00 | .000 | .00 | | .00 |
| ALL OTHER ACCOM | 21 | 51 | | 37,514.49 | | 735.58 | .331 | 1786.40 | | 243.60 |
| ANCILLARIES | 21 | 0 | | 138,407.52 | | .00 | .000 | 6590.83 | | 898.75 |
| INPATIENT CROSSOVERS | 0 | 0 | | .00 | | .00 | .000 | .00 | | .00 |
| ALL OTHER INPATIENT | 0 | 0 | | .00 | | .00 | .000 | .00 | | .00 |
| HOSP OUTPATIENT TOTAL | 118 | 549 | | 17,097.62 | | 31.14 | 3.565 | 144.90 | | 111.02 |
| MEDICAL | 73 | 108 | | 5,891.01 | | 54.55 | .701 | 80.70 | | 38.25 |
| SURGERY | 13 | 14 | | 1,114.05 | | 79.58 | .091 | 85.70 | | 7.23 |
| | 48 | | | | | | | | | |
| PATHOLOGY | | 187 | | 2,266.55 | | 12.12 | 1.214 | 47.22 | | 14.72 |
| RADIOLOGY | 42 | 59 | | 3,285.13 | | 55.68 | .383 | 78.22 | | 21.33 |
| ROOM USE | 75 | 99 | | 3 , 207.95 | | 32.40 | .643 | 42.77 | | 20.83 |
| CROSSOVERS/ALL OTH OUTPTNT | 46 | 82 | | 1,332.93 | | 16.26 | .532 | 28.98 | | 8.66 |
| @COUNTY HOSPITAL TOTAL | 0 | 0 | \$ | .00 | \$ | .00 | .000 | \$.00 | \$ | .00 |
| CO HOSPITAL INPATIENT TOTAL | 0 | 0 | | .00 | | .00 | .000 | .00 | | .00 |
| HSC HOSPITALS | 0 | 0 | | .00 | | .00 | .000 | .00 | | .00 |
| NON-HSC HOSPITALS TOTAL | 0 | 0 | | .00 | | .00 | .000 | .00 | | .00 |
| ACCOMMODATIONS | 0 | 0 | | .00 | | .00 | .000 | .00 | | .00 |
| ADMINISTRATIVE DAYS | 0 | 0 | | .00 | | .00 | .000 | .00 | | .00 |
| TRANSITIONAL IP CARE | 0 | 0 | | .00 | | .00 | .000 | .00 | | .00 |
| ALL OTHER ACCOM | 0 | 0 | | .00 | | .00 | .000 | .00 | | .00 |
| | 0 | 0 | | | | | | | | .00 |
| ANCILLARIES | - | 0 | | .00 | | .00 | .000 | .00 | | |
| INPATIENT CROSSOVERS | 0 | Ü | | .00 | | .00 | .000 | .00 | | .00 |
| ALL OTHER INPATIENT | 0 | 0 | | .00 | | .00 | .000 | .00 | | .00 |
| CO HOSP OUTPATIENT TOTAL | 0 | 0 | | .00 | | .00 | .000 | .00 | | .00 |
| MEDICAL | 0 | 0 | | .00 | | .00 | .000 | .00 | | .00 |
| SURGERY | 0 | 0 | | .00 | | .00 | .000 | .00 | | .00 |
| PATHOLOGY | 0 | 0 | | .00 | | .00 | .000 | .00 | | .00 |
| RADIOLOGY | 0 | 0 | | .00 | | .00 | .000 | .00 | | .00 |
| ROOM USE | 0 | Ô | | .00 | | .00 | .000 | .00 | | .00 |
| CROSSOVERS/ALL OTH OUTPTNT | 0 | 0 | | .00 | | .00 | .000 | .00 | | .00 |
| #CALIF DEPT OF HEALTH SERV | MEDI-CAL SERVICES AND | • | ES MONT | | E.POP' | | | | D7 | AGE 1,139 |
| | FEE-FOR-SERVICE/DENTA | | 110111 | OF TATRIBIT KI | PT OI/ | I FOR UAN | 7004 IIII/O | DUC 2004 | r P | 03/14/05 |
| MOP024 | | | 100 | | | AID CODE | 0.2 | | | 03/14/03 |
| BUTTE COUNTY | SUMMARY OF SERVICES F | OV MIC - S | | | | AID CODE | | | CE | |
| 15/ FITCIBLES | HCEDC HNITC | OF CEDUTCE | , | EADENDIMIDEC | 71 7 7 | | | ONTHLY AVERA | - | COULDED |

| | | OR DAYS OF CARE | C | | PER U | NIT/DAY | PER ELIG | ; | USER | ELIGIBLE |
|-----------------------------|-----|-----------------|----|------------|-------|---------|----------|----|----------|---------------|
| @COMMUNITY HOSPITAL TOTAL | 130 | 620 | \$ | 223,478.00 | \$ 3 | 60.45 | 4.026 | \$ | 1719.06 | \$ 1451.16 |
| COMM HOSP INPATIENT TOTAL | 24 | 71 | | 206,380.38 | | 06.77 | .461 | | 8599.18 | 1340.13 |
| HSC HOSPITALS | 3 | 20 | | 30,458.37 | 15 | 22.92 | .130 | | 10152.79 | 197.78 |
| NON-HSC HOSPITALS TOTAL | 21 | 51 | | 175,922.01 | 34 | 49.45 | .331 | | 8377.24 | 1142.35 |
| ACCOMMODATIONS | 21 | 51 | | 37,514.49 | 7 | 35.58 | .331 | | 1786.40 | 243.60 |
| ADMINISTRATIVE DAYS | 0 | 0 | | .00 | | .00 | .000 | | .00 | .00 |
| TRANSITIONAL IP CARE | 0 | 0 | | .00 | | .00 | .000 | | .00 | .00 |
| ALL OTHER ACCOM | 21 | 51 | | 37,514.49 | 7 | 35.58 | .331 | | 1786.40 | 243.60 |
| ANCILLARIES | 21 | 0 | | 138,407.52 | | .00 | .000 | | 6590.83 | 898.75 |
| INPATIENT CROSSOVERS | 0 | 0 | | .00 | | .00 | .000 | | .00 | .00 |
| ALL OTHER INPATIENT | 0 | 0 | | .00 | | .00 | .000 | | .00 | .00 |
| COMM HOSP OUTPATIENT TOTAL | 118 | 549 | | 17,097.62 | | 31.14 | 3.565 | | 144.90 | 111.02 |
| MEDICAL | 73 | 108 | | 5,891.01 | | 54.55 | .701 | | 80.70 | 38.25 |
| SURGERY | 13 | 14 | | 1,114.05 | | 79.58 | .091 | | 85.70 | 7.23 |
| PATHOLOGY | 48 | 187 | | 2,266.55 | | 12.12 | 1.214 | | 47.22 | 14.72 |
| RADIOLOGY | 42 | 59 | | 3,285.13 | | 55.68 | .383 | | 78.22 | 21.33 |
| ROOM USE | 75 | 99 | | 3,207.95 | | 32.40 | .643 | | 42.77 | 20.83 |
| CROSSOVERS/ALL OTH OUTPINT | 46 | 82 | | 1,332.93 | | 16.26 | .532 | | 28.98 | 8.66 |
| @STATE HOSPITAL | 0 | 0 | \$ | .00 | \$ | .00 | .000 | \$ | .00 | \$.00 |
| MENTALLY ILL | 0 | 0 | | .00 | | .00 | .000 | | .00 | .00 |
| DEVELOP. DISABLED | 0 | 0 | | .00 | | .00 | .000 | | .00 | .00 |
| @NURSING FACILITY | 0 | 0 | \$ | .00 | \$ | .00 | .000 | \$ | .00 | \$.00 |
| LEV A-INTERMEDIATE | 0 | 0 | | .00 | | .00 | .000 | | .00 | .00 |
| LEV B-REHAB MD | 0 | 0 | | .00 | | .00 | .000 | | .00 | .00 |
| LEV B-SUBACUTE FREESTANDING | 0 | 0 | | .00 | | .00 | .000 | | .00 | .00 |
| LEV B-SUBACUTE HSPTL BASED | 0 | 0 | | .00 | | .00 | .000 | | .00 | .00 |
| LEV B-TRANSITIONAL IP CARE | 0 | 0 | | .00 | | .00 | .000 | | .00 | .00 |
| LEV B-REGULAR | 0 | 0 | | .00 | | .00 | .000 | | .00 | .00 |
| @INTERMEDIATE CARE FACILDD | 0 | 0 | \$ | .00 | \$ | .00 | .000 | \$ | .00 | \$.00 |
| ICF DDH | 0 | 0 | | .00 | | .00 | .000 | | .00 | .00 |
| ICF DD | 0 | 0 | | .00 | | .00 | .000 | | .00 | .00 |

| ICF DDN/DDCN | 0 | 0 | .00 | | .00 | .000 | | .00 | | .00 |
|------------------------------|-------------------------|-------------|------------------|--------|--------------|------|-----|--------|----|----------|
| @HEMODIALYSIS TOTAL | 0 | 0 \$ | .00 | \$ | .00 | .000 | \$ | .00 | \$ | .00 |
| HOSPITAL BASED | 0 | 0 | .00 | | .00 | .000 | | .00 | | .00 |
| HEMODIALYSIS CENTER | 0 | 0 | .00 | | .00 | .000 | | .00 | | .00 |
| @REHABILITATION FACILITY | 0 | 0 \$ | .00 | \$ | .00 | .000 | \$ | .00 | \$ | .00 |
| HOSPITAL BASED | 0 | 0 | .00 | | .00 | .000 | | .00 | | .00 |
| INDEPENDENT FACILITY | 0 | 0 | .00 | | .00 | .000 | | .00 | | .00 |
| @LABORATORY FACILITY | 14 | 48 \$ | 788.89 | \$ | 16.44 | .312 | \$ | 56.35 | \$ | 5.12 |
| PATHOLOGY | 14 | 48 | 788.89 |) | 16.44 | .312 | | 56.35 | | 5.12 |
| XO AND OTHERS | 0 | 0 | .00 | | .00 | .000 | | .00 | | .00 |
| @ORGANIZED OUTPATIENT CLINIC | 37 | 78 \$ | 4,744.12 | \$ | 60.82 | .506 | \$ | 128.22 | \$ | 30.81 |
| CLINIC | 7 | 44 | 1,039.12 | | 23.62 | .286 | | 148.45 | | 6.75 |
| SURGICENTER | 0 | 0 | .00 | | .00 | .000 | | .00 | | .00 |
| HEROIN DETOX CLINIC | 0 | 0 | .00 | | .00 | .000 | | .00 | | .00 |
| RURAL HEALTH CLINIC | 30 | 34 | 3,705.00 | | 108.97 | .221 | | 123.50 | | 24.06 |
| #CALIF DEPT OF HEALTH SERV | MEDI-CAL SERVICES AND E | XPENDITURES | MONTH-OF-PAYMENT | REPORT | FOR JAN 2004 | THRU | DEC | 2004 | PA | GE 1,140 |
| MOP024 | FEE-FOR-SERVICE/DENTAL | | | | | | | | | 03/14/05 |
| BUTTE COUNTY | SUMMARY OF SERVICES FOR | MIC - SOC | | | AID CODE 83 | | | | | |

----- MONTHLY AVERAGE -----USERS 154 ELIGIBLES UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE 2.234 \$ 477.84 \$ @ALL OTHER PROVIDERS 344 10,512.47 30.56 68.26 DURABLE MED. EQUIP. 1 3 109.59 36.53 .019 109.59 .71 .00 .00 0 .00 .000 BLOOD BANK .00 HEARING AID DISPENSERS 0 0 .00 .00 .000 .00 .00 MEDICAL TRANSPORTATION 14 308 10,011.99 32.51 2.000 715.14 65.01 305 15.12 1.981 329.43 29.95 AMBULANCES/AIR TRANS 4,611.99 .00 .00 .00 OTHER TRANS .00 .000 OTHER SERVICES 5,400.00 1800.00 .019 1800.00 35.06 ACUPUNCTURE .00 .00 .000 .00 .00 .00 .00 ADULT DAY HEALTH CARE CTR .00 .000 .00 .00 .00 .00 GENETIC DISEASE TESTING .000 .00 IHMC, MODEL-NF, NF, AIDS, MSSP .00 .00 .000 .00 .00 OCCUPATIONAL THERAPIST .00 .00 .000 .00 .00 33.28 8.32 .026 16.64 OPTICIAN PHYSICAL THERAPIST .00 .00 .000 .00 .00 .00 PORTABLE X-RAY .00 .00 .000 .00 .00 .00 .000 .00 PROSTHETIST/ORTHOTISTS .00 .00 .00 .000 .00 .00 PROSTHETICS ORTHOTICS .00 .00 .000 .00 .00 .00 .00 .00 .000 .00 PSYCHOLOGIST SPEECH AND AUDIOLOGY .00 .00 .000 .00 .00 .00 HOSPICE SERVICES .00 .00 .000 .00 .00 .00 NONINST BIRTHING CENTERS .00 .000 LOCAL EDUCATION AGENCIES 15 183.61 12.24 .097 45.90 1.19 EPSDT SUPPLEMENTAL SERVICE .00 .00 .000 .00 . 00 .00 .00 .000 .00 RESPIRATORY CARE PRACT. PED SUBACUTE REHAB/WEANING 0 .00 .00 .000 .00 .00 ALL OTHER PROVIDERS 14 174.00 12.43 174.00 .091 1.13 47,765.53 \$ 31.08 2985.35 @CALIF. CHILDREN SERVICES* 9.981 \$ 310.17 Ś @XOVER EXCLUDING STATE HOSP** 0 .00 \$.000 \$.00 \$.00 .00

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

[#]CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 MOP024 FEE-FOR-SERVICE/DENTAL

MOP024

| | | | | | MON' | THLY AVERAG | GE |
|----------------------------|-------------------|-------------------------|------------------------|---|---------------|-------------|------------|
| 19,724 ELIGIBLES | USERS | UNITS OF SERVICE | EXPENDITURES | AVERAGE COST | | | COST PER |
| | 10.051 | OR DAYS OF CARE | 0 000 615 65 | PER UNIT/DAY | | USER | ELIGIBLE |
| @TOTAL, ALL PROVIDERS | 10,251 2,002 | 58,973 \$ | 2,999,617.67 | \$ 50.86 | 2.990 \$ | | |
| | 2,002 | 4,846 \$ | 227,236.21 | \$ 46.89 | .246 \$ | | |
| OUTPATIENT VISITS | 1,080 | 1,371 | 59,165.87 | 43.16 | .070 | 54.78 | 3.00 |
| OFFICE VISITS | 768 | 924 | 32,642.83 | 35.33 | .047 | 42.50 | 1.65 |
| HOME VISITS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| EMERGENCY ROOM | 230 | 254 | 14,398.62 | 56.69 | .013 | 62.60 | .73 |
| PREVENTIVE CARE | 1 | 1 | 45.33 | 45.33 | .000 | 45.33 | .00 |
| OB VISITS/COMPRE PERI | 72 | 147 | 10,697.66 | 72.77 | .007 | 148.58 | .54 |
| OTHER OUTPATIENT | 38 | 45 | 1,381.43 | 56.69 45.33 72.77 30.70 61.72 | .002 | 36.35 | .07 |
| INPATIENT VISITS | 127 | 436 | 26,911.99 | 61.72 | .022 | 211.91 | 1.36 |
| HOSPITAL VISITS | 123 | 366 | 16,058.66 | 43.88 | .019 | 130.56 | .81 |
| CRITICAL CARE | 11 | 70 | 10,853.33 | 155.05 | .004 | 986.67 | .55 |
| SNF/ICF/TRANS IP CARE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OPHTHALMOLOGICAL SERVICES | 50 | 54 | 2,416.19 | 44.74 | .003 | 48.32 | .12 |
| EXAMINATIONS | 50 | 54 | 2,416.19 | 44.74 | .003 | 48.32 | .12 |
| SERVICES AND MATERIALS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| INPATIENT HOSPITAL SURGERY | 100 | 531 | 52,253.82 | 98.41 | .027 | 522.54 | 2.65 |
| PRINCIPAL SURGEON | 73 | 97 | 42 , 755.20 | 440.78 | .005 | 585.69 | 2.17 |
| ASSISTANT SURGEON | 10 | 10 | 1,812.11 | 181.21 | .001 | 181.21 | .09 |
| ANESTHESIOLOGIST | 30 | 424 | 7,686.51 | 18.13 | .021 | 256.22 | .39 |
| OUTPATIENT SURGERY | 147 | 540 | 27,371.57 | 50.69 | .027 | 186.20 | 1.39 |
| PRINCIPAL SURGEON | 113 | 140 | 20,615.25 | 147.25 | .007 | 182.44 | 1.05 |
| ASSISTANT SURGEON | 3 | 3 | 208.87 | 69.62 | .000 | 69.62 | .01 |
| ANESTHESIOLOGIST | 44 | 397 | 6 , 547.45 | 16.49 | .020 | 148.81 | .33 |
| DIALYSIS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PATHOLOGY | 100 715 | 159 | 2,425.06 | 15.25 | .008 | 24.25 | .12 |
| RADIOLOGY | , 10 | 1,141 | 34,739.93 | 30.45 | .058 | 48.59 | 1.76 |
| PSYCHIATRY | 2 | 2 | 146.58 | 73.29 | .000 | 73.29 | .01 |
| IMMUNIZATION AND INJECTION | 25 236 | 44 | 1,082.94 | 24.61 | .002 | 43.32 | .05 |
| OTHER SERVICES/ALL X-OVERS | 236 | 568 | 20,722.26 | 36.48 | .029 | 87.81 | 1.05 |
| @PHARMACY | 4,561 | 13,546 \$ | 644,560.46 | \$ 47.58 | .687 \$ | 141.32 | \$ 32.68 |
| PRESCRIPTION DRUGS | 4,523 | 10,362 | 626 , 110.19 | 60.42 | .525 | 138.43 | 31.74 |
| SNF/ICF | 3 | 60 | 2,830.39 | 47.17 | .003 | 943.46 | .14 |
| OUTPATIENTS | 4,520 | 10,302 | 623 , 279.80 | 60.50 | .522 | 137.89 | 31.60 |
| MEDICAL SUPPLIES | 107 | 3,184 | 18,450.27 | 5.79 | .161 | 172.43 | .94 |
| @DENTIST | 732 | 4,293 \$ | 131,800.78 | \$ 30.70 | .218 \$ | 180.06 | \$ 6.68 |
| VISITS - DIAGNOSTIC | 107 732 568 | 2 , 930 | 44,210.85 | 15.09 | .149 | 77.84 | 2.24 |
| ORAL SURGERY | 96 | 253 | 21,026.85 | 83.11 | .013 | 219.03 | 1.07 |
| DRUGS | 6 | 9 | 175.00 | 19.44 | .000 | 29.17 | .01 |
| ANESTHESIA | 7 | 7 | 395.00 | 56.43 | .000 | 56.43 | .02 |
| PERIODONTICS | 5 | 5 | 464.00 | 92.80 | .000 | 92.80 | .02 |
| ENDODONTICS | 43 | 74 | 13,537.00 42,872.43 | 182.93 | .004 | 314.81 | .69 |
| RESTORATIVE DENTISTRY | 256 | 892 | 42,872.43 | 48.06 | .045 | 167.47 | 2.17 |
| PROSTHETICS | 1 | 1 | 30.00 | 30.00 | .000 | 30.00 | .00 |
| DENTURES, STAYPLATES | 1 | 5 | 242.00 | 48.40 | .000 | 242.00 | .01 |
| SPACE MAINTAINERS | 5 | 5 | 345.00 | 69.00 | .000 | 69.00 | .02 |
| MAXILLOFACIAL SERVICES | 3 | 3 | 210.15 | 70.05 | .000 | 70.05 | .01 |
| FRACTURES, DISLOCATIONS | 2 | 4 | 3,272.50 | 818.13 | .000 | 1636.25 | .17 |
| ORTHODONTIC SERVICES | 63 | 75 | 4,645.00 | 61.93 | .004 | 73.73 | .24 |
| ALL OTHER SERVICES | 19 | 30 | 375.00 | 12.50 | .002 | 19.74 | .02 |
| #CALIF DEPT OF HEALTH SERV | MEDI-CAL SERVIO | CES AND EXPENDITURES MO | | EPORT FOR JAN 2 | 2004 THRU DEG | C 2004 | PAGE 1,142 |
| MODO24 | FFF_FOD_CFDUTCE | | | | | | 02/11/05 |

FEE-FOR-SERVICE/DENTAL

03/14/05

| | MONTHLY AVERA | | | | | | | |
|---|----------------|-------------------|--------------|--------------|----------|----------|----|----------|
| 19,724 ELIGIBLES | USERS | UNITS OF SERVICE | EXPENDITURES | AVERAGE COST | | COST PER | | COST PER |
| | | OR DAYS OF CARE | | PER UNIT/DAY | PER ELIG | USER | | ELIGIBLE |
| @OPTOMETRIST | 225 | 612 \$ | 13,452.05 | \$ 21.98 | .031 \$ | | \$ | .68 |
| DIAGNOSTIC AND ANC. PROCED | 166 | 182 | 7,317.35 | 40.21 | .009 | 44.08 | | .37 |
| EYE APPLIANCES | 160 | 427 | 6,087.88 | 14.26 | .022 | 38.05 | | .31 |
| OTHER OPTOMETRIC SERVICES | 3 | 3 | 46.82 | 15.61 | .000 | 15.61 | | .00 |
| @CHIROPRACTOR | 21 | 35 \$ | 585.20 | \$ 16.72 | .002 \$ | 27.87 | \$ | .03 |
| VISITS | 21 | 35 | 585.20 | 16.72 | .002 | 27.87 | | .03 |
| OTHER SERVICES | 0 | 0 | .00 | .00 | .000 | .00 | | .00 |
| @PODIATRIST | 8 | 13 \$ | 412.24 | \$ 31.71 | .001 \$ | | \$ | .02 |
| MEDICINE/INJECTIONS | 7 | 8 | 268.62 | 33.58 | .000 | 38.37 | | .01 |
| SURGERY/ANES. | 1 | 2 | 47.02 | 23.51 | .000 | 47.02 | | .00 |
| RADIO./PATHOLOGY | 1 | 1 | 24.22 | 24.22 | .000 | 24.22 | | .00 |
| OTHER | 1 | 2 | 72.38 | 36.19 | .000 | 72.38 | | .00 |
| @HOME HEALTH AGENCY | 49 | 3 , 994 \$ | 117,329.00 | \$ 29.38 | .202 \$ | | \$ | 5.95 |
| NURSE ANESTHESIST | 15 | 223 \$ | 1,930.92 | \$ 8.66 | .011 \$ | | \$ | .10 |
| NURSE MIDWIFE | 175 | 1,196 \$ | | \$ 24.58 | .061 \$ | | \$ | 1.49 |
| PEDIATRIC NURSE PRACTITIONER | 0 | 0 \$ | | \$.00 | .000 \$ | | \$ | .00 |
| FAMILY NURSE PRACTITIONER | 1 | 1 \$ | | \$ 57.20 | .000 \$ | | \$ | .00 |
| @TOTAL HOSPITAL | 2,852 | 10,841 \$ | | \$ 104.72 | .550 \$ | | | 57.56 |
| HOSP INPATIENT TOTAL | 131 | 450 | 814,312.02 | 1809.58 | .023 | 6216.12 | - | 41.29 |
| HSC HOSPITALS | 12 | 87 | 120,584.41 | 1386.03 | .004 | 10048.70 | | 6.11 |
| NON-HSC HOSPITAL TOTAL | 119 | 363 | 693,727.61 | 1911.10 | .018 | 5829.64 | | 35.17 |
| ACCOMMODATIONS | 119 | 363 | 190,912.11 | 525.93 | .018 | 1604.30 | | 9.68 |
| ADMINISTRATIVE DAYS | 0 | 0 | .00 | .00 | .000 | .00 | | .00 |
| TRANSITIONAL IP CARE | 0 | 0 | .00 | .00 | .000 | .00 | | .00 |
| ALL OTHER ACCOM | 119 | 363 | 190,912.11 | 525.93 | .018 | 1604.30 | | 9.68 |
| ANCILLARIES | 119 | 0 | 502,815.50 | .00 | .000 | 4225.34 | | 25.49 |
| INPATIENT CROSSOVERS | 0 | 0 | .00 | .00 | .000 | .00 | | .00 |
| ALL OTHER INPATIENT | 0 | 0 | .00 | .00 | .000 | .00 | | .00 |
| HOSP OUTPATIENT TOTAL | 2 , 785 | 10,391 | 320,929.47 | 30.89 | .527 | 115.23 | | 16.27 |
| MEDICAL | 1,498 | 2,178 | 100,492.82 | 46.14 | .110 | 67.08 | | 5.09 |
| SURGERY | 168 | 198 | 10,846.23 | 54.78 | .010 | 64.56 | | .55 |
| PATHOLOGY | 951 | 3,148 | 41,637.97 | 13.23 | .160 | 43.78 | | 2.11 |
| RADIOLOGY | 573 | 797 | 46,423.20 | 58.25 | .040 | 81.02 | | 2.35 |
| ROOM USE | 1,977 | 2 , 596 | 95,271.83 | 36.70 | .132 | 48.19 | | 4.83 |
| CROSSOVERS/ALL OTH OUTPINT | 707 | 1,474 | 26,257.42 | 17.81 | .075 | 37.14 | | 1.33 |
| | 707 | 3 \$ | 157.07 | \$ 52.36 | .000 \$ | | ċ | .01 |
| @COUNTY HOSPITAL TOTAL | 0 | 0 | .00 | .00 | .000 \$ | .00 | Ą | .00 |
| CO HOSPITAL INPATIENT TOTAL HSC HOSPITALS | 0 | 0 | .00 | .00 | .000 | .00 | | .00 |
| | 0 | 0 | .00 | .00 | .000 | .00 | | .00 |
| NON-HSC HOSPITALS TOTAL | 0 | 0 | | | | | | |
| ACCOMMODATIONS | 0 | 0 | .00 | .00 | .000 | .00 | | .00 |
| ADMINISTRATIVE DAYS | 0 | • | .00 | .00 | .000 | .00 | | .00 |
| TRANSITIONAL IP CARE | 0 | 0 | .00 | .00 | .000 | .00 | | .00 |
| ALL OTHER ACCOM | 0 | 0 | .00 | .00 | .000 | .00 | | .00 |
| ANCILLARIES | · · | ŭ | .00 | .00 | .000 | .00 | | .00 |
| INPATIENT CROSSOVERS | 0 | 0 | .00 | .00 | .000 | .00 | | .00 |
| ALL OTHER INPATIENT | 0 | 0 | .00 | .00 | .000 | .00 | | .00 |
| CO HOSP OUTPATIENT TOTAL | 2 | 3 | 157.07 | 52.36 | .000 | 78.54 | | .01 |
| MEDICAL | 2 | 2 | 120.83 | 60.42 | .000 | 60.42 | | .01 |
| SURGERY | 0 | 0 | .00 | .00 | .000 | .00 | | .00 |
| PATHOLOGY | 0 | 0 | .00 | .00 | .000 | .00 | | .00 |
| RADIOLOGY | 0 | 0 | .00 | .00 | .000 | .00 | | .00 |
| ROOM USE | 1 | 1 | 36.24 | 36.24 | .000 | 36.24 | | .00 |

MOP024 FEE-FOR-SERVICE/DENTAL
BUTTE COUNTY SUMMARY OF SERVICES FOR MEDICALLY INDIGENT - CHILDREN - TOTAL

| BUTTE COUNTY | SUMMARY OF SERVI | CES FOR MEDICALLY | INDIGENT - CHILDRE | SN - TOTAL | | | |
|-----------------------------------|------------------|--------------------|--------------------|--------------|---------|----------|------------|
| 10 504 | | | | | MON' | | |
| 19,724 ELIGIBLES | USERS | UNITS OF SERVICE | EXPENDITURES | AVERAGE COST | | COST PER | COST PER |
| | 0.050 | OR DAYS OF CARE | | PER UNIT/DAY | _ | USER | ELIGIBLE |
| @COMMUNITY HOSPITAL TOTAL | 2,850 | 10,838 \$ | 1,135,084.42 | \$ 104.73 | .549 \$ | 398.28 | |
| COMM HOSP INPATIENT TOTAL | 131 | 450 | 814,312.02 | 1809.58 | .023 | 6216.12 | 41.29 |
| HSC HOSPITALS | 12 | 87 | 120,584.41 | 1386.03 | .004 | 10048.70 | 6.11 |
| NON-HSC HOSPITALS TOTAL | 119 | 363 | 693,727.61 | 1911.10 | .018 | 5829.64 | 35.17 |
| ACCOMMODATIONS | 119 | 363 | 190,912.11 | 525.93 | .018 | 1604.30 | 9.68 |
| ADMINISTRATIVE DAYS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| TRANSITIONAL IP CARE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER ACCOM | 119 | 363 | 190,912.11 | 525.93 | .018 | 1604.30 | 9.68 |
| ANCILLARIES | 119 | 0 | 502,815.50 | .00 | .000 | 4225.34 | 25.49 |
| INPATIENT CROSSOVERS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER INPATIENT | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| COMM HOSP OUTPATIENT TOTAL | 2,783 | 10,388 | 320,772.40 | 30.88 | .527 | 115.26 | 16.26 |
| MEDICAL | 1,496 | 2,176 | 100,371.99 | 46.13 | .110 | 67.09 | 5.09 |
| SURGERY | 168 | 198 | 10,846.23 | 54.78 | .010 | 64.56 | .55 |
| PATHOLOGY | 951 | 3,148 | 41,637.97 | 13.23 | .160 | 43.78 | 2.11 |
| RADIOLOGY | 573 | 797 | 46,423.20 | 58.25 | .040 | 81.02 | 2.35 |
| ROOM USE | 1,976 | 2 , 595 | 95,235.59 | 36.70 | .132 | 48.20 | 4.83 |
| CROSSOVERS/ALL OTH OUTPTNT | | 1,474 | 26,257.42 | 17.81 | .075 | 37.14 | 1.33 |
| @STATE HOSPITAL | 0 | 0 \$ | .00 | \$.00 | .000 \$ | | \$.00 |
| MENTALLY ILL | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| DEVELOP. DISABLED | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| @NURSING FACILITY | 4 | 133 \$ | 15,906.80 | \$ 119.60 | .007 \$ | | \$.81 |
| LEV A-INTERMEDIATE | 0 | 133 7 | .00 | .00 | .000 | .00 | .00 |
| LEV A-INTERMEDIATE LEV B-REHAB MD | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| | • | 0 | .00 | | | .00 | .00 |
| LEV B-SUBACUTE FREESTANDING | 0 | 0 | | .00 | .000 | | .00 |
| LEV B-SUBACUTE HSPTL BASED | 0 | 0 | .00 | .00 | .000 | .00 | |
| LEV B-TRANSITIONAL IP CARE | 0 | • | .00 | .00 | .000 | .00 | .00 |
| LEV B-REGULAR | 0 | 133 | 15,906.80 | 119.60 | .007 | 3976.70 | .81 |
| @INTERMEDIATE CARE FACILDD | U | 0 \$ | .00 | \$.00 | .000 \$ | | \$.00 |
| ICF DDH | U | 0 | .00 | .00 | .000 | .00 | .00 |
| ICF DD | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ICF DDN/DDCN | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| @HEMODIALYSIS TOTAL | 0 | 0 \$ | .00 | \$.00 | .000 \$ | | \$.00 |
| HOSPITAL BASED | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| HEMODIALYSIS CENTER | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| @REHABILITATION FACILITY | 22 | 555 \$ | 9,071.53 | \$ 16.35 | .028 \$ | | \$.46 |
| HOSPITAL BASED | 6 | 39 | 850.40 | 21.81 | .002 | 141.73 | .04 |
| INDEPENDENT FACILITY | 16 | 516 | 8,221.13 | 15.93 | .026 | 513.82 | .42 |
| @LABORATORY FACILITY | 505 | 1,387 \$ | 25,497.85 | \$ 18.38 | .070 \$ | 50.49 | \$ 1.29 |
| PATHOLOGY | 505 | 1,387 | 25,497.85 | 18.38 | .070 | 50.49 | 1.29 |
| XO AND OTHERS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| @ORGANIZED OUTPATIENT CLINIC | 3,160 | 5,410 \$ | 537,905.41 | \$ 99.43 | .274 \$ | 170.22 | \$ 27.27 |
| CLINIC | 229 | 1,054 | 33,390.68 | 31.68 | .053 | 145.81 | 1.69 |
| SURGICENTER | 7 | 34 | 1,260.71 | 37.08 | .002 | 180.10 | .06 |
| HEROIN DETOX CLINIC | 1 | 8 | 120.21 | 15.03 | .000 | 120.21 | .01 |
| RURAL HEALTH CLINIC | 2,955 | 4,314 | 503,133.81 | 116.63 | .219 | 170.27 | 25.51 |
| #CALIF DEPT OF HEALTH SERV | | S AND EXPENDITURES | | | | | PAGE 1,144 |
| MOP024 | FEE-FOR-SERVICE/ | | | | | | 03/14/05 |
| BUTTE COUNTY | | CES FOR MEDICALLY | INDIGENT - CHILDRE | EN - TOTAL | | | ,, |
| | | | | | | | |

| 19,724 ELIGIBLES | USERS | UNITS OF SERVICE | EXPENDITURES | AVERAGE COST | UNITS/DAYS | COST PER | COST PER |
|--------------------------------|-------|------------------|--------------------|--------------|------------|----------|----------|
| | | OR DAYS OF CARE | | PER UNIT/DAY | PER ELIG | USER | ELIGIBLE |
| @ALL OTHER PROVIDERS | 748 | 11,888 | \$ 109,229.64 | \$ 9.19 | .603 | | \$ 5.54 |
| DURABLE MED. EQUIP. | 40 | 82 | 16,566.73 | 202.03 | .004 | 414.17 | .84 |
| BLOOD BANK | 1 | 616 | 1,848.00 | 3.00 | .031 | 1848.00 | .09 |
| HEARING AID DISPENSERS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| MEDICAL TRANSPORTATION | 148 | 1,909 | 41,147.95 | 21.55 | .097 | 278.03 | 2.09 |
| AMBULANCES/AIR TRANS | 147 | 1,897 | 26,718.23 | 14.08 | .096 | 181.76 | 1.35 |
| OTHER TRANS | 1 | 3 | 19.84 | 6.61 | .000 | 19.84 | .00 |
| OTHER SERVICES | 9 | 9 | 14,409.88 | 1601.10 | .000 | 1601.10 | .73 |
| ACUPUNCTURE | 2 | 4 | 75.69 | 18.92 | .000 | 37.85 | .00 |
| ADULT DAY HEALTH CARE CTR | 1 | 13 | 904.54 | 69.58 | .001 | 904.54 | .05 |
| GENETIC DISEASE TESTING | 33 | 33 | 3,441.00 | 104.27 | .002 | 104.27 | .17 |
| IHMC, MODEL-NF, NF, AIDS, MSSP | 11 | 286 | 9,674.81 | 33.83 | .015 | 879.53 | .49 |
| OCCUPATIONAL THERAPIST | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OPTICIAN | 155 | 344 | 2,928.25 | 8.51 | .017 | 18.89 | .15 |
| PHYSICAL THERAPIST | 8 | 134 | 1,877.83 | 14.01 | .007 | 234.73 | .10 |
| PORTABLE X-RAY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PROSTHETIST/ORTHOTISTS | 7 | 13 | 3,708.82 | 285.29 | .001 | 529.83 | .19 |
| PROSTHETICS | 7 | 13 | 3,708.82 | 285.29 | .001 | 529.83 | .19 |
| ORTHOTICS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PSYCHOLOGIST | 1 | 4 | 237.46 | 59.37 | .000 | 237.46 | .01 |
| SPEECH AND AUDIOLOGY | 155 | 442 | 17 , 367.29 | 39.29 | .022 | 112.05 | .88 |
| HOSPICE SERVICES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| NONINST BIRTHING CENTERS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| LOCAL EDUCATION AGENCIES | 173 | 878 | 7 , 598.32 | 8.65 | .045 | 43.92 | .39 |
| EPSDT SUPPLEMENTAL SERVICE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| RESPIRATORY CARE PRACT. | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PED SUBACUTE REHAB/WEANING | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER PROVIDERS | 23 | 7,130 | 1,852.95 | .26 | .361 | 80.56 | .09 |
| @CALIF. CHILDREN SERVICES* | 143 | 5,294 | \$ 247,093.60 | \$ 46.67 | .268 | 1727.93 | \$ 12.53 |

----- MONTHLY AVERAGE -----

@XOVER EXCLUDING STATE HOSP** 0 0 \$.00 \$

03/14/05

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 1,145 MOP024 FEE-FOR-SERVICE/DENTAL

BUTTE COUNTY SUMMARY OF SERVICES FOR MIA - NO SOC - AID PAID PENDING AID CODE 81

| BUILE COUNTI | SUMMARI OF SERV | ICES FOR MIA - NO | 50C . | - AID PAID PENDI | NG AID CODE | | 1111 12 7 111117 | CE |
|-----------------------------|-----------------|---------------------------------------|-------|------------------|--------------|---------|------------------|----------|
| OO ELICIDIES | HCEDC | INTER OF CEDITOR | | EADENDIMIDEC | MARDACE COCH | MONT | | |
| 00 ELIGIBLES | USERS | UNITS OF SERVICE | | EXPENDITURES | AVERAGE COST | | COST PER | COST PER |
| | 0 | OR DAYS OF CARE | Ċ | 0.0 | PER UNIT/DAY | | USER | ELIGIBLE |
| @TOTAL, ALL PROVIDERS | • | | \$ | .00 | \$.00 | .000 \$ | .00 | \$.00 |
| @PHYSICIANS SERVICES | 0 | · · · · · · · · · · · · · · · · · · · | \$ | .00 | \$.00 | .000 \$ | .00 | \$.00 |
| OUTPATIENT VISITS | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| OFFICE VISITS | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| HOME VISITS | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| EMERGENCY ROOM | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| PREVENTIVE CARE | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| OB VISITS/COMPRE PERI | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| OTHER OUTPATIENT | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| INPATIENT VISITS | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| HOSPITAL VISITS | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| CRITICAL CARE | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| SNF/ICF/TRANS IP CARE | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| OPHTHALMOLOGICAL SERVICES | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| EXAMINATIONS | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| SERVICES AND MATERIALS | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| INPATIENT HOSPITAL SURGERY | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| PRINCIPAL SURGEON | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| ASSISTANT SURGEON | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| ANESTHESIOLOGIST | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| OUTPATIENT SURGERY | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| PRINCIPAL SURGEON | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| ASSISTANT SURGEON | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| ANESTHESIOLOGIST | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| DIALYSIS | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| PATHOLOGY | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| RADIOLOGY | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| PSYCHIATRY | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| IMMUNIZATION AND INJECTION | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| OTHER SERVICES/ALL X-OVERS | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| @PHARMACY | 0 | 0 | Ś | .00 | \$.00 | .000 \$ | .00 | \$.00 |
| PRESCRIPTION DRUGS | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| SNF/ICF | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| OUTPATIENTS | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| MEDICAL SUPPLIES | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| @DENTIST | 0 | | Ś | .00 | \$.00 | .000 \$ | .00 | \$.00 |
| VISITS - DIAGNOSTIC | 0 | 0 | Υ | .00 | .00 | .000 | .00 | .00 |
| ORAL SURGERY | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| DRUGS | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| ANESTHESIA | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| PERIODONTICS ENDODONTICS | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| | 0 | 0 | | .00 | | | | |
| RESTORATIVE DENTISTRY | 0 | 0 | | | .00 | .000 | .00 | .00 |
| PROSTHETICS | • | · · · · · · · · · · · · · · · · · · · | | .00 | .00 | .000 | .00 | .00 |
| DENTURES, STAYPLATES | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| SPACE MAINTAINERS | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |

0 MAXILLOFACIAL SERVICES 0 .00 .00 .000 .00 .00 0 0 FRACTURES, DISLOCATIONS .00 .00 .000 .00 .00 0 0 .00 .00 ORTHODONTIC SERVICES .00 .000 .00 0 .00 .00 0 .00 .000 .00 ALL OTHER SERVICES PAGE 1,146

03/14/05

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 MOP024 FEE-FOR-SERVICE/DENTAL

| BUTTE COUNTY | SUMMARY OF SERVICES | FOR MIA - NO | SOC - AID PAID PENDING | AID CODE 81 |
|--------------|---------------------|--------------|------------------------|-------------|

| BUTTE COUNTY | SUMMARY OF SER | VICES FOR N | MIA - NO | O SOC | - AID PAID PENDI | NG | AID CODE | 81 | | | | |
|------------------------------|----------------|-------------|----------|-------|------------------|-----|-----------|------------|-----|-----------|----|----------|
| | | | | | | | | MC | TNC | HLY AVERA | ΞE | |
| 00 ELIGIBLES | USERS | UNITS OF S | SERVICE | | EXPENDITURES | AVE | RAGE COST | UNITS/DAYS | 3 | COST PER | | COST PER |
| | | OR DAYS (| OF CARE | | | PER | UNIT/DAY | PER ELIG | | USER | | ELIGIBLE |
| @OPTOMETRIST | 0 | | 0 | \$ | .00 | \$ | .00 | .000 | \$ | .00 | \$ | .00 |
| DIAGNOSTIC AND ANC. PROCED | 0 | | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| EYE APPLIANCES | 0 | | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| OTHER OPTOMETRIC SERVICES | 0 | | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| @CHIROPRACTOR | 0 | | 0 | \$ | | \$ | .00 | .000 | \$ | .00 | \$ | .00 |
| VISITS | 0 | | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| OTHER SERVICES | 0 | | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| @PODIATRIST | 0 | | 0 | \$ | .00 | \$ | .00 | .000 | \$ | .00 | \$ | .00 |
| MEDICINE/INJECTIONS | 0 | | 0 | | .00 | | .00 | .000 | | .00 | • | .00 |
| SURGERY/ANES. | 0 | | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| RADIO./PATHOLOGY | 0 | | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| OTHER | 0 | | Ö | | .00 | | .00 | .000 | | .00 | | .00 |
| @HOME HEALTH AGENCY | 0 | | Ö | \$ | | \$ | .00 | .000 | Ś | .00 | \$ | .00 |
| NURSE ANESTHESIST | 0 | | 0 | \$ | | \$ | .00 | .000 | | .00 | \$ | .00 |
| NURSE MIDWIFE | 0 | | 0 | Š | | \$ | .00 | .000 | | .00 | \$ | .00 |
| PEDIATRIC NURSE PRACTITIONER | 0 | | 0 | Š | | \$ | .00 | .000 | | .00 | \$ | .00 |
| FAMILY NURSE PRACTITIONER | 0 | | 0 | Ś | | \$ | .00 | .000 | | .00 | \$ | .00 |
| @TOTAL HOSPITAL | 0 | | Ö | Š | | \$ | .00 | .000 | | .00 | Ś | .00 |
| HOSP INPATIENT TOTAL | 0 | | 0 | т | .00 | т | .00 | .000 | Τ. | .00 | т | .00 |
| HSC HOSPITALS | 0 | | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| NON-HSC HOSPITAL TOTAL | 0 | | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| ACCOMMODATIONS | 0 | | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| ADMINISTRATIVE DAYS | 0 | | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| TRANSITIONAL IP CARE | 0 | | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| ALL OTHER ACCOM | 0 | | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| ANCILLARIES | 0 | | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| INPATIENT CROSSOVERS | 0 | | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| ALL OTHER INPATIENT | 0 | | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| HOSP OUTPATIENT TOTAL | 0 | | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| MEDICAL | 0 | | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| SURGERY | 0 | | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| PATHOLOGY | 0 | | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| RADIOLOGY | 0 | | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| ROOM USE | 0 | | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| CROSSOVERS/ALL OTH OUTPTNT | 0 | | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| @COUNTY HOSPITAL TOTAL | 0 | | 0 | \$ | | \$ | .00 | .000 | Ś | .00 | S | .00 |
| CO HOSPITAL INPATIENT TOTAL | 0 | | 0 | ۲ | .00 | Ψ | .00 | .000 | Ψ | .00 | Υ | .00 |
| HSC HOSPITALS | 0 | | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| NON-HSC HOSPITALS TOTAL | 0 | | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| ACCOMMODATIONS | 0 | | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| ADMINISTRATIVE DAYS | 0 | | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| TRANSITIONAL IP CARE | 0 | | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| ALL OTHER ACCOM | 0 | | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| ANCILLARIES | 0 | | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| INPATIENT CROSSOVERS | 0 | | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| ALL OTHER INPATIENT | 0 | | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| THE OTHER TRICKLES | 9 | | J | | .00 | | .00 | • 0 0 0 | | .00 | | • • • • |

| CO HOSP OUTPATIENT TOTAL | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
|----------------------------|-----------------------|----------------|-------------------------|----------|---------------|------|------------|
| MEDICAL | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| SURGERY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PATHOLOGY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| RADIOLOGY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ROOM USE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| CROSSOVERS/ALL OTH OUTPINT | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| #CALIF DEPT OF HEALTH SERV | MEDI-CAL SERVICES AND | EXPENDITURES N | MONTH-OF-PAYMENT REPORT | FOR JAN | 2004 THRU DEC | 2004 | PAGE 1,147 |
| MOP024 | FEE-FOR-SERVICE/DENTA | L | | | | | 03/14/05 |
| BUTTE COUNTY | SUMMARY OF SERVICES F | OR MIA - NO SO | OC - AID PAID PENDING | AID CODE | 81 | | |

----- MONTHLY AVERAGE -----00 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER PER UNIT/DAY PER ELIG USER OR DAYS OF CARE ELIGIBLE @COMMUNITY HOSPITAL TOTAL 0 0 .00 .00 .000 \$.00 \$.00 .00 COMM HOSP INPATIENT TOTAL 0 .00 .000 .00 .00 .00 .00 .00 HSC HOSPITALS .000 .00 NON-HSC HOSPITALS TOTAL .00 .00 .000 .00 .00 ACCOMMODATIONS .00 .00 .000 .00 .00 .00 ADMINISTRATIVE DAYS .00 .000 .00 .00 .00 .00 .00 TRANSITIONAL IP CARE .000 .00 .00 ALL OTHER ACCOM .00 .000 .00 .00 ANCILLARIES .00 .00 .000 .00 .00 INPATIENT CROSSOVERS .00 .00 .000 .00 .00 ALL OTHER INPATIENT .00 .00 .000 .00 .00 COMM HOSP OUTPATIENT TOTAL .00 .00 .000 .00 .00 MEDICAL .00 .00 .000 .00 .00 .00 .00 SURGERY .00 .000 .00 .00 .00 .00 PATHOLOGY .000 .00 RADIOLOGY .00 .00 .000 .00 .00 0 ROOM USE .00 .00 .000 .00 .00 0 CROSSOVERS/ALL OTH OUTPINT .00 .00 .000 .00 .00 0 @STATE HOSPITAL .00 .00 .000 \$.00 \$.00 MENTALLY ILL .00 .00 .000 .00 .00 DEVELOP. DISABLED .00 .00 .000 .00 .00 .00 .00 .000 \$.00 .00 @NURSING FACILITY LEV A-INTERMEDIATE .00 .00 .000 .00 .00 .00 LEV B-REHAB MD 0 .00 .000 .00 .00 .00 .00 .000 .00 LEV B-SUBACUTE FREESTANDING .00 LEV B-SUBACUTE HSPTL BASED .00 .00 .000 .00 .00 LEV B-TRANSITIONAL IP CARE .00 .00 .000 .00 .00 0 .00 .00 .000 .00 LEV B-REGULAR .00 0 @INTERMEDIATE CARE FACIL.-DD .00 .00 .000 .00 \$.00 .00 ICF DDH 0 .00 .000 .00 .00 0 ICF DD .00 .00 .000 .00 .00 ICF DDN/DDCN 0 .00 .00 .000 .00 .00 .000 \$.00 @HEMODIALYSIS TOTAL .00 .00 .00 \$.00 .00 .000 .00 HOSPITAL BASED HEMODIALYSIS CENTER 0 .00 .00 .000 .00 .00 0 .00 .00 .000 \$.00 \$ @REHABILITATION FACILITY . 00 .00 .00 .00 .000 .00 HOSPITAL BASED 0 INDEPENDENT FACILITY .00 .00 .000 .00 .00 .000 .00 .00 Ś .00 \$.00 **@LABORATORY FACILITY** .00 .00 .000 .00 .00 PATHOLOGY 0 XO AND OTHERS .00 .00 .000 .00 .00 0 .00 .00 \$ @ORGANIZED OUTPATIENT CLINIC .00 .000 \$.00 CLINIC .00 .00 .000 .00 .00

.00 SURGICENTER 0 0 HEROIN DETOX CLINIC 0 0 RURAL HEALTH CLINIC Ω 0 PAGE 1,148 #CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 03/14/05 MOP024 FEE-FOR-SERVICE/DENTAL

SUMMARY OF SERVICES FOR MIA - NO SOC - AID PAID PENDING AID CODE 81

| | | | | | MONTHLY AVERAGE | | | | |
|--------------------------------|-------|------------------|--------------|--------------|-----------------|----------|----------|--|--|
| 00 ELIGIBLES | USERS | UNITS OF SERVICE | EXPENDITURES | AVERAGE COST | UNITS/DAYS | COST PER | COST PER | | |
| | | OR DAYS OF CARE | | PER UNIT/DAY | PER ELIG | USER | ELIGIBLE | | |
| @ALL OTHER PROVIDERS | 0 | 0 \$ | .00 | \$.00 | .000 \$ | .00 \$ | .00 | | |
| DURABLE MED. EQUIP. | 0 | 0 | .00 | .00 | .000 | .00 | .00 | | |
| BLOOD BANK | 0 | 0 | .00 | .00 | .000 | .00 | .00 | | |
| HEARING AID DISPENSERS | 0 | 0 | .00 | .00 | .000 | .00 | .00 | | |
| MEDICAL TRANSPORTATION | 0 | 0 | .00 | .00 | .000 | .00 | .00 | | |
| AMBULANCES/AIR TRANS | 0 | 0 | .00 | .00 | .000 | .00 | .00 | | |
| OTHER TRANS | 0 | 0 | .00 | .00 | .000 | .00 | .00 | | |
| OTHER SERVICES | 0 | 0 | .00 | .00 | .000 | .00 | .00 | | |
| ACUPUNCTURE | 0 | 0 | .00 | .00 | .000 | .00 | .00 | | |
| ADULT DAY HEALTH CARE CTR | 0 | 0 | .00 | .00 | .000 | .00 | .00 | | |
| GENETIC DISEASE TESTING | 0 | 0 | .00 | .00 | .000 | .00 | .00 | | |
| IHMC, MODEL-NF, NF, AIDS, MSSP | 0 | 0 | .00 | .00 | .000 | .00 | .00 | | |
| OCCUPATIONAL THERAPIST | 0 | 0 | .00 | .00 | .000 | .00 | .00 | | |
| OPTICIAN | 0 | 0 | .00 | .00 | .000 | .00 | .00 | | |
| PHYSICAL THERAPIST | 0 | 0 | .00 | .00 | .000 | .00 | .00 | | |
| PORTABLE X-RAY | 0 | 0 | .00 | .00 | .000 | .00 | .00 | | |
| PROSTHETIST/ORTHOTISTS | 0 | 0 | .00 | .00 | .000 | .00 | .00 | | |
| PROSTHETICS | 0 | 0 | .00 | .00 | .000 | .00 | .00 | | |
| ORTHOTICS | 0 | 0 | .00 | .00 | .000 | .00 | .00 | | |
| PSYCHOLOGIST | 0 | 0 | .00 | .00 | .000 | .00 | .00 | | |
| SPEECH AND AUDIOLOGY | 0 | 0 | .00 | .00 | .000 | .00 | .00 | | |
| HOSPICE SERVICES | 0 | 0 | .00 | .00 | .000 | .00 | .00 | | |
| NONINST BIRTHING CENTERS | 0 | 0 | .00 | .00 | .000 | .00 | .00 | | |
| LOCAL EDUCATION AGENCIES | 0 | 0 | .00 | .00 | .000 | .00 | .00 | | |
| EPSDT SUPPLEMENTAL SERVICE | 0 | 0 | .00 | .00 | .000 | .00 | .00 | | |
| RESPIRATORY CARE PRACT. | 0 | 0 | .00 | .00 | .000 | .00 | .00 | | |
| PED SUBACUTE REHAB/WEANING | 0 | 0 | .00 | .00 | .000 | .00 | .00 | | |
| ALL OTHER PROVIDERS | 0 | 0 | .00 | .00 | .000 | .00 | .00 | | |
| @CALIF. CHILDREN SERVICES* | 0 | 0 \$ | .00 | \$.00 | .000 \$ | .00 \$ | .00 | | |
| @XOVER EXCLUDING STATE HOSP** | 0 | 0 \$ | .00 | \$.00 | .000 \$ | .00 \$ | .00 | | |

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

BUTTE COUNTY

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 1,149
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
BUTTE COUNTY SUMMARY OF SERVICES FOR MIA - NO SOC - PREGNANT AID CODE 86

| BOILE COONII | DOINGING OF DER | VIOLO IOIC IIIII I | .0 000 | 11(1101(11(1 | 1110 0000 | 0 0 | | |
|-----------------------|-----------------|--------------------|----------|--------------|--------------|------------|------------|-----------|
| | | | | | | MON | THLY AVERA | GE |
| 440 ELIGIBLES | USERS | UNITS OF SERVICE | 3 | EXPENDITURES | AVERAGE COST | UNITS/DAYS | COST PER | COST PER |
| | | OR DAYS OF CARE | <u>c</u> | | PER UNIT/DAY | PER ELIG | USER | ELIGIBLE |
| @TOTAL, ALL PROVIDERS | 720 | 4,668 | \$ | 357,493.79 | \$ 76.58 | 10.609 \$ | 496.52 | \$ 812.49 |
| @PHYSICIANS SERVICES | 249 | 686 | \$ | 50,840.03 | \$ 74.11 | 1.559 \$ | 204.18 | \$ 115.55 |
| OUTPATIENT VISITS | 104 | 146 | | 12,417.46 | 85.05 | .332 | 119.40 | 28.22 |
| OFFICE VISITS | 34 | 37 | | 2,200.01 | 59.46 | .084 | 64.71 | 5.00 |
| HOME VISITS | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| EMERGENCY ROOM | 13 | 15 | | 860.83 | 57.39 | .034 | 66.22 | 1.96 |
| PREVENTIVE CARE | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| OB VISITS/COMPRE PERI | 68 | 92 | | 9,322.94 | 101.34 | .209 | 137.10 | 21.19 |

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

| OTHER OUTPATIENT | 2 | 2 | 33.68 | 16 | .84 .0 | 05 | 1 | 6.84 | .08 |
|----------------------------|-----|-----|-------------------|-------|---------|----|-------|------|-------------|
| INPATIENT VISITS | 30 | 81 | 4,346.03 | 53 | .65 .1 | 84 | 14 | 4.87 | 9.88 |
| HOSPITAL VISITS | 29 | 71 | 3,104.12 | 43 | .72 .1 | 61 | 10 | 7.04 | 7.05 |
| CRITICAL CARE | 2 | 10 | 1,241.91 | 124 | .19 .0 | 23 | 62 | 0.96 | 2.82 |
| SNF/ICF/TRANS IP CARE | 0 | 0 | .00 | | .00 .0 | 00 | | .00 | .00 |
| OPHTHALMOLOGICAL SERVICES | 2 | 2 | 115.58 | 57 | .79 .0 | 05 | 5 | 7.79 | .26 |
| EXAMINATIONS | 2 | 2 | 115.58 | 57 | .79 .0 | 05 | 5 | 7.79 | .26 |
| SERVICES AND MATERIALS | 0 | 0 | .00 | | .00 .0 | 00 | | .00 | .00 |
| INPATIENT HOSPITAL SURGERY | 32 | 209 | 23,049.73 | 110 | .29 .4 | 75 | 72 | 0.30 | 52.39 |
| PRINCIPAL SURGEON | 23 | 24 | 20,110.61 | 837 | .94 .0 | 55 | 87 | 4.37 | 45.71 |
| ASSISTANT SURGEON | 3 | 3 | 466.08 | 155 | .36 .0 | 07 | 15 | 5.36 | 1.06 |
| ANESTHESIOLOGIST | 14 | 182 | 2,473.04 | 13 | .59 .4 | 14 | 17 | 6.65 | 5.62 |
| OUTPATIENT SURGERY | 21 | 39 | 2,141.98 | 54 | .92 .0 | 89 | 10 | 2.00 | 4.87 |
| PRINCIPAL SURGEON | 20 | 25 | 1,903.34 | 76 | .13 .0 | 57 | 9 | 5.17 | 4.33 |
| ASSISTANT SURGEON | 0 | 0 | .00 | | .00 .0 | 00 | | .00 | .00 |
| ANESTHESIOLOGIST | 3 | 14 | 238.64 | 17 | .05 .0 | 32 | 7 | 9.55 | .54 |
| DIALYSIS | 0 | 0 | .00 | | | 00 | | .00 | .00 |
| PATHOLOGY | 24 | 35 | 1,069.20 | | | 80 | | 4.55 | 2.43 |
| RADIOLOGY | 95 | 126 | 6 , 074.70 | 48 | .21 .2 | 86 | 6 | 3.94 | 13.81 |
| PSYCHIATRY | 0 | 0 | .00 | | .00 .0 | 00 | | .00 | .00 |
| IMMUNIZATION AND INJECTION | 5 | 8 | 111.91 | | | 18 | 2 | 2.38 | .25 |
| OTHER SERVICES/ALL X-OVERS | 20 | 40 | 1,513.44 | | | 91 | 7 | 5.67 | 3.44 |
| @PHARMACY | 218 | 471 | \$ 14,699.99 | \$ 31 | .21 1.0 | 70 | \$ 6 | 7.43 | \$ 33.41 |
| PRESCRIPTION DRUGS | 206 | 433 | 12,267.05 | 28 | | 84 | 5 | 9.55 | 27.88 |
| SNF/ICF | 0 | 0 | .00 | | .00 .0 | 00 | | .00 | .00 |
| OUTPATIENTS | 206 | 433 | 12,267.05 | | | 84 | 5 | 9.55 | 27.88 |
| MEDICAL SUPPLIES | 22 | 38 | 2,432.94 | 64 | .02 .0 | 86 | 11 | 0.59 | 5.53 |
| @DENTIST | 11 | 67 | \$ 1,528.00 | \$ 22 | .81 .1 | 52 | \$ 13 | 8.91 | \$ 3.47 |
| VISITS - DIAGNOSTIC | 11 | 52 | 531.00 | 10 | .21 .1 | 18 | 4 | 8.27 | 1.21 |
| ORAL SURGERY | 2 | 2 | 130.00 | 65 | .00 .0 | 05 | 6 | 5.00 | .30 |
| DRUGS | 0 | 0 | .00 | | | 00 | | .00 | .00 |
| ANESTHESIA | 0 | 0 | .00 | | .00 .0 | 00 | | .00 | .00 |
| | | | | | | | | | |

| PERIODONTICS | 0 | 0 | | .00 | | 00 | .000 | | .00 | | .00 |
|------------------------------|---------------------|------------------|-----------|------------------------------------|---------------|--------|------------|-----|-----------|----|------------|
| ENDODONTICS | 1 | 1 | | 258.00 | 258. | | .002 | | 258.00 | | .59 |
| RESTORATIVE DENTISTRY | 5 | 12 | | 609.00 | 50. | | .027 | | 121.80 | | 1.38 |
| PROSTHETICS | 0 | 0 | | .00 | | 00 | .000 | | .00 | | .00 |
| DENTURES, STAYPLATES | 0 | 0 | | .00 | | 00 | .000 | | .00 | | .00 |
| SPACE MAINTAINERS | 0 | 0 | | .00 | | 00 | .000 | | .00 | | .00 |
| MAXILLOFACIAL SERVICES | 0 | 0 | | .00 | | 00 | .000 | | .00 | | .00 |
| FRACTURES, DISLOCATIONS | 0 | 0 | | .00 | | 00 | .000 | | .00 | | .00 |
| ORTHODONTIC SERVICES | 0 | 0 | | .00 | | 00 | .000 | | .00 | | .00 |
| ALL OTHER SERVICES | 0 | 0 | | .00 | | 00 | .000 | | .00 | | .00 |
| #CALIF DEPT OF HEALTH SERV | MEDI-CAL SERVIC | ES AND EXPENDITU | RES MON | | | | | DEC | | F | PAGE 1,150 |
| MOP024 | FEE-FOR-SERVICE | | 1.20 1101 | 01 1111111111111111111111111111111 | 22 01(1 2 01) | 01111 | 001 111110 | | 2001 | - | 03/14/05 |
| BUTTE COUNTY | | VICES FOR MIA - | NO SOC | - PREGNANT | ATD | CODE 8 | 86 | | | | 03/11/03 |
| 50112 000111 | 0011111111 01 01111 | 1020 1011 11111 | | 11120111111 | | | | ОИТ | HLY AVERA | GE | |
| 440 ELIGIBLES | USERS | UNITS OF SERVIC | E | EXPENDITURES | AVERAGE | | UNITS/DAY | | COST PER | | COST PER |
| | | OR DAYS OF CAR | | | | | PER ELIG | | USER | | ELIGIBLE |
| @OPTOMETRIST | 3 | 12 | _ \$ | 257.13 | \$ 21. | | .027 | | 85.71 | | .58 |
| DIAGNOSTIC AND ANC. PROCED | 3 | 3 | | 118.32 | 39. | | .007 | | 39.44 | | .27 |
| EYE APPLIANCES | 3 | 9 | | 138.81 | 15. | | .020 | | 46.27 | | .32 |
| OTHER OPTOMETRIC SERVICES | 0 | 0 | | .00 | | 00 | .000 | | .00 | | .00 |
| @CHIROPRACTOR | 0 | 0 | \$ | .00 | | 00 | .000 | Ś | .00 | Ś | .00 |
| VISITS | 0 | 0 | | .00 | | 00 | .000 | | .00 | | .00 |
| OTHER SERVICES | 0 | 0 | | .00 | | 00 | .000 | | .00 | | .00 |
| @PODIATRIST | 0 | 0 | \$ | .00 | | 00 | .000 | \$ | .00 | \$ | .00 |
| MEDICINE/INJECTIONS | 0 | 0 | | .00 | | 00 | .000 | | .00 | | .00 |
| SURGERY/ANES. | 0 | 0 | | .00 | | 00 | .000 | | .00 | | .00 |
| RADIO./PATHOLOGY | 0 | 0 | | .00 | | 00 | .000 | | .00 | | .00 |
| OTHER | 0 | 0 | | .00 | | 00 | .000 | | .00 | | .00 |
| @HOME HEALTH AGENCY | 9 | 12 | \$ | 629.94 | \$ 52. | 50 | .027 | \$ | 69.99 | \$ | 1.43 |
| NURSE ANESTHESIST | 1 | 12 | \$ | 138.49 | \$ 11. | 54 | .027 | \$ | 138.49 | \$ | .31 |
| NURSE MIDWIFE | 129 | 1,055 | \$ | 17,092.11 | \$ 16. | 20 | 2.398 | \$ | 132.50 | \$ | 38.85 |
| PEDIATRIC NURSE PRACTITIONER | 0 | 0 | \$ | .00 | \$. | 00 | .000 | \$ | .00 | \$ | .00 |
| FAMILY NURSE PRACTITIONER | 0 | 0 | \$ | .00 | \$. | 00 | .000 | \$ | .00 | \$ | .00 |
| @TOTAL HOSPITAL | 287 | 1,216 | \$ | 227,510.13 | \$ 187. | 10 | 2.764 | \$ | 792.72 | \$ | 517.07 |
| HOSP INPATIENT TOTAL | 45 | 174 | | 197,710.78 | 1136. | 27 | .395 | | 4393.57 | | 449.34 |
| HSC HOSPITALS | 5 | 34 | | 59,360.00 | 1745. | 88 | .077 | | 11872.00 | | 134.91 |
| NON-HSC HOSPITAL TOTAL | 40 | 140 | | 138,350.78 | 988. | 22 | .318 | | 3458.77 | | 314.43 |
| ACCOMMODATIONS | 40 | 140 | | 51,994.17 | 371. | 39 | .318 | | 1299.85 | | 118.17 |
| ADMINISTRATIVE DAYS | 0 | 0 | | .00 | | 00 | .000 | | .00 | | .00 |
| TRANSITIONAL IP CARE | 0 | 0 | | .00 | | 00 | .000 | | .00 | | .00 |
| ALL OBURD ACCOM | 4.0 | 1.40 | | F1 004 17 | 271 | 2.0 | 210 | | 1000 05 | | 110 17 |

51,994.17

86,356.61

29,799.35

4,010.60

1,558.40

9,507.85

5,509.20

6,570.58

2,642.72

904.19

.00

.00

.00

.00

.00

.00

371.39

.00

.00

.00

28.60

54.94

51.95

17.35

73.46

40.81

17.05

53.19

.00

.00

.00

.00

.318

.000

.000

.000

.166

.068

.170

.366

.352

.000

.000

.000

.000

.039 \$

1.245

2.368

1299.85

2158.92

111.61

83.55

67.76

57.62

83.47

60.28

42.62

904.19 \$

.00

.00

.00

.00

.00

.00

118.17

196.27

.00

.00

67.73

9.12

3.54

21.61

12.52

14.93

6.01

2.05

.00

.00

.00

.00

0

0

0

1,042

73

30

548

75

161

155

17

0

0

140

40

40

0

0

267

48

23

66

62

1

0

0

0

165

109

ALL OTHER ACCOM ANCILLARIES

INPATIENT CROSSOVERS

ALL OTHER INPATIENT

HOSP OUTPATIENT TOTAL

@COUNTY HOSPITAL TOTAL

ACCOMMODATIONS

HSC HOSPITALS

CROSSOVERS/ALL OTH OUTPINT

CO HOSPITAL INPATIENT TOTAL

NON-HSC HOSPITALS TOTAL

MEDICAL

SURGERY

PATHOLOGY

RADIOLOGY

ROOM USE

| A DMINI ORDARIUR DAVO | 0 | 0 | 0.0 | 0.0 | 0.00 | 0.0 | | 0.0 |
|---|-----------------|---|---------------------------------------|---|--|--------------------------------------|----|---|
| ADMINISTRATIVE DAYS | 0 | 0 | .00 | .00 | .000 | .00 | | .00 |
| TRANSITIONAL IP CARE | • | <u> </u> | .00 | .00 | .000 | .00 | | .00 |
| ALL OTHER ACCOM | 0 | 0 | .00 | .00 | .000 | .00 | | .00 |
| ANCILLARIES | 0 | 0 | .00 | .00 | .000 | . 00 | | .00 |
| INPATIENT CROSSOVERS | 0 | 0 | .00 | .00 | .000 | .00 | | .00 |
| ALL OTHER INPATIENT | 0 | 0 | .00 | .00 | .000 | .00 .00 904.19 .00 69.04 | | .00 |
| CO HOSP OUTPATIENT TOTAL | 1 | 17 | 904.19 | 53.19 | .039 | 904.19 | | 2.05 |
| MEDICAL | 0 | 0 | .00 | .00 | .000 | .00 | | .00 |
| SURGERY | 1 | 3 | 69.04 | 23.01 | .007 | 69.04 | | .16 |
| PATHOLOGY | 1 | 7 | 142.46 | 20.35 | .016 | 142.46 | | .32 |
| RADIOLOGY | 0 | 0 | .00 | .00 | .000 | 142.46 | | .00 |
| ROOM USE | 1 | 4 | 263.13 | 65.78 | .009 | 263.13 | | .60 |
| CROSSOVERS/ALL OTH OUTPTNT | 1 | 3 | 429.56 | .00 .00 .00 53.19 .00 23.01 20.35 .00 65.78 143.19 | .009 .007 | 429.56 | | .98 |
| #CALIF DEPT OF HEALTH SERV | | CES AND EXPENDITURES MO | NTH-OF-PAYMENT RI | EPORT FOR JAN 2 | 2004 THRU DE | | Р | AGE 1,151 |
| MOP024 | FEE-FOR-SERVICE | | 01 111111111111111111111111111111 | | 2001 111110 22 | 0 2001 | - | 03/14/05 |
| BUTTE COUNTY | | JICES FOR MIA - NO SOC | - PREGNANT | AID CODE | 86 | | | 00/11/00 |
| | | TODO TOR THIT NO BOO | , ITEGIVIIVI | 1110 0000 | MON | THIY AVERA | GE | |
| 440 ELIGIBLES | USERS | UNITS OF SERVICE | EXPENDITURES | AVERAGE COST | | | | |
| 110 EDIGIBLE | ОВЫКО | OR DAYS OF CARE | | DEB HMITT/DAV | | USER | | ELIGIBLE |
| @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES | 286 | 1,199 \$ | 226,605.94 197,710.78 59,360.00 | * 100.00 | 0 505 4 | 792.33 | | - |
| COMM HOSD INDATIFAT TOTAL | 45 | 171 | 197 710 79 | 1136 27 | 2.725 ¥ | 4393.57 | Y | 449.34 |
| UCC UCCDITATION TOTAL | 40 | 3 V T / 4 | 50 360 00 | 1775 00 | 077 | 11872.00 | | 134.91 |
| NON HEE HORDINAL MONAL | 10 | 140 | 130 350 70 | 1/43.00 | 210 | 3458.77 | | 314.43 |
| NON-HSC HOSPITALS TOTAL | 40 | 140 | 138,350.78 | 988.22 | .318 | | | |
| ACCOMMODATIONS | 40 | 140 | 51,994.17 | 3/1.39 | .318 | 1299.85 | | 118.17 |
| ADMINISTRATIVE DAYS | U | 1,199 \$ 174 34 140 140 0 0 140 0 0 0 0 0 | .00 | .00 | .000 | .00 | | 118.17 .00 .00 118.17 196.27 .00 |
| TRANSITIONAL IP CARE | 0 | 1.40 | .00 | .00 | .000 | .00 | | .00 |
| ALL OTHER ACCOM | 40 | 140 | 51,994.1/ | 3/1.39 | .318 | 1299.85 | | 118.17 |
| ANCILLARIES | 40 | 0 | 86,356.61 | .00 | .000 | 2158.92 | | 196.27 |
| INPATIENT CROSSOVERS | 0 | 0 | .00 | .00 | .000 | .00 | | .00 |
| ALL OTHER INPATIENT | 0 | 0 0 0 0 1,025 | .00 | .00 | .000 | .00 | | .00 |
| COMM HOSP OUTPATIENT TOTAL | 266 | 1,025 | 28 , 895.16 | 28.19 | 2.330 | 108.63 | | 65.67 |
| MEDICAL | 40 | 13 | 4,010.00 | 54.94 | .166 | 83.55 | | 9.12 |
| SURGERY | 22 | 27 | 1,489.36 | 55.16 | .061 | 67.70 | | 3.38 |
| PATHOLOGY | 164 | 541 | 9,365.39 | 17.31 | .061 1.230 | 57.11 | | 21.28 |
| RADIOLOGY | | 75 | 5,509.20 | .00 28.19 54.94 55.16 17.31 73.46 40.17 | .170 | 83.47 | | 12.52 |
| ROOM USE | 108 | 75 157 152 | 6,307.45 | 40.17 | .357 | 58.40 | | 14.34 |
| CROSSOVERS/ALL OTH OUTPTNT | 61 | 152 | 2,213.16 | 14.56 | .000 .000 .000 2.330 .166 .061 1.230 .170 .357 .345 | 36.28 | | 5.03 |
| @STATE HOSPITAL | 0 | 0 \$ | .00 | \$.00 | .000 \$ | .00 | \$ | .00 |
| MENTALLY ILL | 0 | 0 | .00 | .00 | .000 | .00 | | .00 |
| DEVELOP. DISABLED @NURSING FACILITY | 0 | 0 | .00 | .00 | .000 | .00 | | .00 |
| @NURSING FACILITY | 0 | 0 \$ | .00 | \$.00 | .000 \$ | .00 | \$ | .00 |
| LEV A-INTERMEDIATE | 0 | 0 | .00 | .00 | .000 | | | .00 |
| LEV B-REHAB MD | 0 | 0 | .00 | .00 | .000 | .00 | | .00 |
| LEV B-SUBACUTE FREESTANDING | n | 0 | .00 | .00 | .000 | .00 | | .00 |
| LEV B-SUBACUTE HSPTL BASED | Ô | 0 | .00 | .00 | .000 | .00 | | .00 |
| LEV B-TRANSITIONAL IP CARE | ñ | 0 | .00 | .00 | .000 | | | .00 |
| LEV B-REGULAR | 0 | 0 | .00 | .00 | .000 | | | .00 |
| @INTERMEDIATE CARE FACILDD | 0 | 0 \$ | .00 | | .000 \$ | | Ś | .00 |
| ICF DDH | 0 | 0 | .00 | .00 | .000 \$ | .00 | ۲ | .00 |
| ICF DD | 0 | 0 | .00 | .00 | .000 | .00 | | .00 |
| ICE DDN/DDCN | 0 | 0 | .00 | .00 | .000 | .00 | | .00 |

0

0 0 16

16

0

0

0

0 2 2

ICF DDN/DDCN

@HEMODIALYSIS TOTAL

HEMODIALYSIS CENTER

@REHABILITATION FACILITY

HOSPITAL BASED

HOSPITAL BASED

.00

.00

.00 331.07 331.07

.00 \$

.00

.00

.00

.00

20.69

20.69

.000

.000

.000

.036

.000 \$

.036 \$

.00

.00

.00

165.54 \$

165.54

.00 \$

.00

.00

.00

.00

.75

.75

| INDEPENDENT FACILITY | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
|------------------------------------|-----------------|-------------------|--------|------------------|---------------|--------------|-------------|------------|
| @LABORATORY FACILITY | 128 | 281 | \$ | 6,139.43 | \$ 21.85 | .639 | \$ 47.96 | \$ 13.95 |
| PATHOLOGY | 128 | 281 | | 6,139.43 | 21.85 | .639 | 47.96 | 13.95 |
| XO AND OTHERS | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| @ORGANIZED OUTPATIENT CLINIC | 161 | 445 | \$ | 30,841.77 | \$ 69.31 | 1.011 | \$ 191.56 | \$ 70.09 |
| CLINIC | 63 | 303 | | 12,859.46 | 42.44 | .689 | 204.12 | 29.23 |
| SURGICENTER | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| HEROIN DETOX CLINIC | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| RURAL HEALTH CLINIC | 99 | 142 | | 17,982.31 | 126.64 | .323 | 181.64 | 40.87 |
| #CALIF DEPT OF HEALTH SERV | MEDI-CAL SERVIO | CES AND EXPENDITU | RES MC | NTH-OF-PAYMENT R | EPORT FOR JAN | 2004 THRU DI | EC 2004 | PAGE 1,152 |
| MOP024 | FEE-FOR-SERVICE | E/DENTAL | | | | | | 03/14/05 |
| BUTTE COUNTY | SUMMARY OF SERV | /ICES FOR MIA - 1 | NO SOC | C - PREGNANT | AID CODE | 86 | | |
| | | | | | | | NTHLY AVERA | GE |
| 440 ELIGIBLES | USERS | UNITS OF SERVIC | | EXPENDITURES | AVERAGE COST | | | COST PER |
| | | OR DAYS OF CAR | | | PER UNIT/DAY | | USER | ELIGIBLE |
| @ALL OTHER PROVIDERS | 40 | 395 | \$ | 7,485.70 | \$ 18.95 | .898 | | |
| DURABLE MED. EQUIP. | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| BLOOD BANK | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| HEARING AID DISPENSERS | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| MEDICAL TRANSPORTATION | 10 | 352 | | 4,936.71 | 14.02 | .800 | 493.67 | 11.22 |
| AMBULANCES/AIR TRANS | 10 | 351 | | 3,136.71 | 8.94 | .798 | 313.67 | 7.13 |
| OTHER TRANS | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| OTHER SERVICES | 1 | 1 | | 1,800.00 | 1800.00 | .002 | 1800.00 | 4.09 |
| ACUPUNCTURE | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| ADULT DAY HEALTH CARE CTR | O . | • | | .00 | .00 | .000 | .00 | .00 |
| GENETIC DISEASE TESTING | 22 | 22 | | 2,310.00 | 105.00 | .050 | 105.00 | 5.25 |
| IHMC, MODEL-NF, NF, AIDS, MSSP | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| OCCUPATIONAL THERAPIST | 0 6 | · · | | .00 | .00 | .000 | .00 | .00 |
| OPTICIAN | 6 | 12 8 | | 109.28 | 9.11 | .027 | 18.21 | .25 |
| PHYSICAL THERAPIST | 1 | 8 | | 121.70 | 15.21 .00 | .018 | 121.70 | .28 |
| PORTABLE X-RAY | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| PROSTHETIST/ORTHOTISTS PROSTHETICS | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| ORTHOTICS | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| PSYCHOLOGIST | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| SPEECH AND AUDIOLOGY | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| HOSPICE SERVICES | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| NONINST BIRTHING CENTERS | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| LOCAL EDUCATION AGENCIES | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| EPSDT SUPPLEMENTAL SERVICE | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| RESPIRATORY CARE PRACT. | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| PED SUBACUTE REHAB/WEANING | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| TED SODWCOIE VEHIVE/MEVNING | U | U | | .00 | .00 | .000 | .00 | .00 |

1

0

ALL OTHER PROVIDERS

@CALIF. CHILDREN SERVICES*

@XOVER EXCLUDING STATE HOSP**

8.01

.00 \$

28,565.71 \$ 141.41

8.01

.00

.002

8.01

.459 \$ 9521.90 \$

.000 \$.00 \$

.02

64.92

.00

1

0

202 \$

| | | | | | | MO | NTHLY AVERA | GΕ | |
|-----------------------|-------|------------------|------------------|-------|---------|------------|-------------|----|----------|
| 440 ELIGIBLES | USERS | UNITS OF SERVICE | EXPENDITURES | AVERA | GE COST | UNITS/DAYS | COST PER | | COST PER |
| | | OR DAYS OF CARE | | PER U | NIT/DAY | PER ELIG | USER | | ELIGIBLE |
| @TOTAL, ALL PROVIDERS | 720 | 4,668 | \$ 357,493.79 | \$ | 76.58 | 10.609 | \$ 496.52 | \$ | 812.49 |
| @PHYSICIANS SERVICES | 249 | 686 | \$ 50,840.03 | \$ | 74.11 | 1.559 | \$ 204.18 | \$ | 115.55 |

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

[#]CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 1,153
MOP024 FEE-FOR-SERVICE/DENTAL
BUTTE COUNTY SUMMARY OF SERVICES FOR MIA - NO SOC - TOTAL

| OUTPATIENT VISITS | 104 | 146 | | 12,417.46 | 85.05 | .332 | 119.40 | | 28.22 |
|----------------------------|-----------------|--------------------|-------|------------------|---------------|--------------|-------------|----|-----------|
| OFFICE VISITS | 34 | 37 | | 2,200.01 | 59.46 | .084 | 64.71 | | 5.00 |
| HOME VISITS | 0 | 0 | | .00 | .00 | .000 | .00 | | .00 |
| EMERGENCY ROOM | 13 | 15 | | 860.83 | 57.39 | .034 | 66.22 | | 1.96 |
| PREVENTIVE CARE | 0 | 0 | | .00 | .00 | .000 | .00 | | .00 |
| OB VISITS/COMPRE PERI | 68 | 92 | | 9,322.94 | 101.34 | .209 | 137.10 | | 21.19 |
| OTHER OUTPATIENT | 2 | 2 | | 33.68 | 16.84 | .005 | 16.84 | | .08 |
| | 30 | 81 | | | | | | | |
| INPATIENT VISITS | | | | 4,346.03 | 53.65 | .184 | 144.87 | | 9.88 |
| HOSPITAL VISITS | 29 | 71 | | 3,104.12 | 43.72 | .161 | 107.04 | | 7.05 |
| CRITICAL CARE | 2 | 10 | | 1,241.91 | 124.19 | .023 | 620.96 | | 2.82 |
| SNF/ICF/TRANS IP CARE | 0 | 0 | | .00 | .00 | .000 | .00 | | .00 |
| OPHTHALMOLOGICAL SERVICES | 2 | 2 | | 115.58 | 57.79 | .005 | 57.79 | | .26 |
| EXAMINATIONS | 2 | 2 | | 115.58 | 57.79 | .005 | 57.79 | | .26 |
| SERVICES AND MATERIALS | 0 | 0 | | .00 | .00 | .000 | .00 | | .00 |
| INPATIENT HOSPITAL SURGERY | 32 | 209 | | 23,049.73 | 110.29 | .475 | 720.30 | | 52.39 |
| PRINCIPAL SURGEON | 23 | 24 | | 20,110.61 | 837.94 | .055 | 874.37 | | 45.71 |
| ASSISTANT SURGEON | 3 | 3 | | 466.08 | 155.36 | .007 | 155.36 | | 1.06 |
| ANESTHESIOLOGIST | 14 | 182 | | 2,473.04 | 13.59 | .414 | 176.65 | | 5.62 |
| OUTPATIENT SURGERY | 21 | 39 | | 2,141.98 | 54.92 | .089 | 102.00 | | 4.87 |
| | 20 | | | | | | | | |
| PRINCIPAL SURGEON | | 25 | | 1,903.34 | 76.13 | .057 | 95.17 | | 4.33 |
| ASSISTANT SURGEON | 0 | 0 | | .00 | .00 | .000 | .00 | | .00 |
| ANESTHESIOLOGIST | 3 | 14 | | 238.64 | 17.05 | .032 | 79.55 | | .54 |
| DIALYSIS | 0 | 0 | | .00 | .00 | .000 | .00 | | .00 |
| PATHOLOGY | 24 | 35 | | 1,069.20 | 30.55 | .080 | 44.55 | | 2.43 |
| RADIOLOGY | 95 | 126 | | 6,074.70 | 48.21 | .286 | 63.94 | | 13.81 |
| PSYCHIATRY | 0 | 0 | | .00 | .00 | .000 | .00 | | .00 |
| IMMUNIZATION AND INJECTION | 5 | 8 | | 111.91 | 13.99 | .018 | 22.38 | | .25 |
| OTHER SERVICES/ALL X-OVERS | 20 | 40 | | 1,513.44 | 37.84 | .091 | 75.67 | | 3.44 |
| @PHARMACY | 218 | 471 | \$ | 14,699.99 | \$ 31.21 | 1.070 | | Ś | 33.41 |
| PRESCRIPTION DRUGS | 206 | 433 | Y | 12,267.05 | 28.33 | .984 | 59.55 | Y | 27.88 |
| | 0 | 433 | | .00 | .00 | .000 | .00 | | .00 |
| SNF/ICF | • | • | | | | | | | |
| OUTPATIENTS | 206 | 433 | | 12,267.05 | 28.33 | .984 | 59.55 | | 27.88 |
| MEDICAL SUPPLIES | 22 | 38 | _ | 2,432.94 | 64.02 | .086 | 110.59 | _ | 5.53 |
| @DENTIST | 11 | 67 | \$ | 1,528.00 | \$ 22.81 | .152 | | Ş | 3.47 |
| VISITS - DIAGNOSTIC | 11 | 52 | | 531.00 | 10.21 | .118 | 48.27 | | 1.21 |
| ORAL SURGERY | 2 | 2 | | 130.00 | 65.00 | .005 | 65.00 | | .30 |
| DRUGS | 0 | 0 | | .00 | .00 | .000 | .00 | | .00 |
| ANESTHESIA | 0 | 0 | | .00 | .00 | .000 | .00 | | .00 |
| PERIODONTICS | 0 | 0 | | .00 | .00 | .000 | .00 | | .00 |
| ENDODONTICS | 1 | 1 | | 258.00 | 258.00 | .002 | 258.00 | | .59 |
| RESTORATIVE DENTISTRY | _ 5 | 12 | | 609.00 | 50.75 | .027 | 121.80 | | 1.38 |
| PROSTHETICS | 0 | 0 | | .00 | .00 | .000 | .00 | | .00 |
| DENTURES, STAYPLATES | 0 | 0 | | .00 | .00 | .000 | .00 | | .00 |
| SPACE MAINTAINERS | 0 | 0 | | .00 | .00 | .000 | .00 | | .00 |
| | 0 | 0 | | | | | | | |
| MAXILLOFACIAL SERVICES | • | | | .00 | .00 | .000 | .00 | | .00 |
| FRACTURES, DISLOCATIONS | 0 | 0 | | .00 | .00 | .000 | .00 | | .00 |
| ORTHODONTIC SERVICES | 0 | 0 | | .00 | .00 | .000 | .00 | | .00 |
| ALL OTHER SERVICES | 0 | 0 | | .00 | .00 | .000 | | | .00 |
| #CALIF DEPT OF HEALTH SERV | MEDI-CAL SERVIC | ES AND EXPENDITURE | S MON | ITH-OF-PAYMENT R | EPORT FOR JAN | 2004 THRU DI | EC 2004 | P. | AGE 1,154 |
| MOP024 | FEE-FOR-SERVICE | /DENTAL | | | | | | | 03/14/05 |
| BUTTE COUNTY | SUMMARY OF SERV | ICES FOR MIA - NO | SOC | - TOTAL | | | | | |
| | | | | | | MOI | NTHLY AVERA | GE | |
| 440 ELIGIBLES | USERS | UNITS OF SERVICE | | EXPENDITURES | AVERAGE COST | | | _ | COST PER |
| | 00210 | OR DAYS OF CARE | | | PER UNIT/DAY | | USER | | ELIGIBLE |
| @OPTOMETRIST | 3 | 12 | Ś | 257.13 | | .027 | | | .58 |
| DIAGNOSTIC AND ANC. PROCED | 3 | 3 | Τ | 118.32 | 39.44 | | 39.44 | ~ | .27 |
| DIAGNOSTIC AND ANC. INCCED | J | 5 | | 110.32 | J.J. 44 | .007 | 22.44 | | • ᠘ / |

| EYE APPLIANCES | 3 | 9 | 138.81 | 15.42 | .020 | 46.27 | .32 |
|------------------------------|-----|-------|--------------------|--------------|-------|--------------|--------------|
| OTHER OPTOMETRIC SERVICES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| @CHIROPRACTOR | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 |
| VISITS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OTHER SERVICES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| @PODIATRIST | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 |
| MEDICINE/INJECTIONS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| SURGERY/ANES. | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| RADIO./PATHOLOGY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OTHER | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| @HOME HEALTH AGENCY | 9 | 12 | \$ 629.94 | \$ 52.50 | .027 | \$ 69.99 | \$ 1.43 |
| NURSE ANESTHESIST | 1 | 12 | \$ 138.49 | \$ 11.54 | .027 | \$ 138.49 | \$.31 |
| NURSE MIDWIFE | 129 | 1,055 | \$ 17,092.11 | \$ 16.20 | 2.398 | \$ 132.50 | \$ 38.85 |
| PEDIATRIC NURSE PRACTITIONER | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 |
| FAMILY NURSE PRACTITIONER | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 |
| @TOTAL HOSPITAL | 287 | 1,216 | \$ 227,510.13 | \$ 187.10 | 2.764 | \$ 792.72 | \$ 517.07 |
| HOSP INPATIENT TOTAL | 45 | 174 | 197,710.78 | 1136.27 | .395 | 4393.57 | 449.34 |
| HSC HOSPITALS | 5 | 34 | 59,360.00 | 1745.88 | .077 | 11872.00 | 134.91 |
| NON-HSC HOSPITAL TOTAL | 40 | 140 | 138,350.78 | 988.22 | .318 | 3458.77 | 314.43 |
| ACCOMMODATIONS | 40 | 140 | 51,994.17 | 371.39 | .318 | 1299.85 | 118.17 |
| ADMINISTRATIVE DAYS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| TRANSITIONAL IP CARE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER ACCOM | 40 | 140 | 51,994.17 | 371.39 | .318 | 1299.85 | 118.17 |
| ANCILLARIES | 40 | 0 | 86 , 356.61 | .00 | .000 | 2158.92 | 196.27 |
| INPATIENT CROSSOVERS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER INPATIENT | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| HOSP OUTPATIENT TOTAL | 267 | 1,042 | 29,799.35 | 28.60 | 2.368 | 111.61 | 67.73 |
| MEDICAL | 48 | 73 | 4,010.60 | 54.94 | .166 | 83.55 | 9.12 |
| SURGERY | 23 | 30 | 1,558.40 | 51.95 | .068 | 67.76 | 3.54 |
| PATHOLOGY | 165 | 548 | 9,507.85 | 17.35 | 1.245 | 57.62 | 21.61 |
| RADIOLOGY | 66 | 75 | 5,509.20 | 73.46 | .170 | 83.47 | 12.52 |
| ROOM USE | 109 | 161 | 6 , 570.58 | 40.81 | .366 | 60.28 | 14.93 |

| CROSSOVERS/ALL OTH OUTPINT | 62 | 155 | | 2,642.72 | | 17.05 | .352 | 42.62 | 6.01 |
|-----------------------------|--------------------------|----------|--------------|------------|-------|---------|-----------|-----------|------------|
| @COUNTY HOSPITAL TOTAL | 1 | 17 | \$ | 904.19 | \$ | 53.19 | .039 | \$ 904.19 | \$ 2.05 |
| CO HOSPITAL INPATIENT TOTAL | 0 | 0 | | .00 | | .00 | .000 | .00 | .00 |
| HSC HOSPITALS | 0 | 0 | | .00 | | .00 | .000 | .00 | .00 |
| NON-HSC HOSPITALS TOTAL | 0 | 0 | | .00 | | .00 | .000 | .00 | .00 |
| ACCOMMODATIONS | 0 | 0 | | .00 | | .00 | .000 | .00 | .00 |
| ADMINISTRATIVE DAYS | 0 | 0 | | .00 | | .00 | .000 | .00 | .00 |
| TRANSITIONAL IP CARE | 0 | 0 | | .00 | | .00 | .000 | .00 | .00 |
| ALL OTHER ACCOM | 0 | 0 | | .00 | | .00 | .000 | .00 | .00 |
| ANCILLARIES | 0 | 0 | | .00 | | .00 | .000 | .00 | .00 |
| INPATIENT CROSSOVERS | 0 | 0 | | .00 | | .00 | .000 | .00 | .00 |
| ALL OTHER INPATIENT | 0 | 0 | | .00 | | .00 | .000 | .00 | .00 |
| CO HOSP OUTPATIENT TOTAL | 1 | 17 | | 904.19 | | 53.19 | .039 | 904.19 | 2.05 |
| MEDICAL | 0 | 0 | | .00 | | .00 | .000 | .00 | .00 |
| SURGERY | 1 | 3 | | 69.04 | | 23.01 | .007 | 69.04 | .16 |
| PATHOLOGY | 1 | 7 | | 142.46 | | 20.35 | .016 | 142.46 | .32 |
| RADIOLOGY | 0 | 0 | | .00 | | .00 | .000 | .00 | .00 |
| ROOM USE | 1 | 4 | | 263.13 | | 65.78 | .009 | 263.13 | .60 |
| CROSSOVERS/ALL OTH OUTPTNT | 1 | 3 | | 429.56 | | 143.19 | .007 | 429.56 | .98 |
| #CALIF DEPT OF HEALTH SERV | MEDI-CAL SERVICES AND EX | KPENDITU | RES MONTH-OF | -PAYMENT R | EPORT | FOR JAN | 2004 THRU | DEC 2004 | PAGE 1,155 |
| MOP024 | FEE-FOR-SERVICE/DENTAL | | | | | | | | 03/14/05 |
| BUTTE COUNTY | SUMMARY OF SERVICES FOR | MIA - | NO SOC - TOT | AL | | | | | |

----- MONTHLY AVERAGE -----440 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE 2.725 \$ 792.33 \$ 515.01 @COMMUNITY HOSPITAL TOTAL 286 1,199 226,605.94 \$ 189.00 45 174 197,710.78 1136.27 .395 4393.57 COMM HOSP INPATIENT TOTAL 5 1745.88 34 .077 11872.00 HSC HOSPITALS 59,360.00 NON-HSC HOSPITALS TOTAL 40 140 138,350.78 988.22 .318 3458.77 314.43 40 ACCOMMODATIONS 140 51,994.17 371.39 .318 1299.85 118.17 0 ADMINISTRATIVE DAYS .00 .00 .000 .00 .00 0 .00 .00 TRANSITIONAL IP CARE 0 .00 .000 40 ALL OTHER ACCOM 140 51,994.17 371.39 .318 1299.85 118.17 ANCILLARIES 40 0 86,356.61 .00 .000 2158.92 196.27 0 .00 .00 .00 .000 .00 INPATIENT CROSSOVERS ALL OTHER INPATIENT 0 0 .00 .00 .000 .00 .00 COMM HOSP OUTPATIENT TOTAL 266 1,025 28,895.16 28.19 2.330 108.63 65.67 48 73 54.94 .166 83.55 9.12 MEDICAL 4,010.60 3.38 22 27 1,489.36 55.16 .061 67.70 SURGERY 164 PATHOLOGY 541 9,365.39 17.31 1.230 57.11 21.28 75 66 73.46 .170 83.47 RADIOLOGY 5,509.20 108 157 6,307.45 40.17 .357 58.40 14.34 ROOM USE 2,213.16 .345 CROSSOVERS/ALL OTH OUTPINT 61 152 14.56 36.28 5.03 .00 \$ 0 .00 \$.00 .000 \$ @STATE HOSPITAL .00 MENTALLY ILL 0 .00 .00 .000 .00 .00 DEVELOP. DISABLED 0 .00 .000 .00 . 00 .00 \$.00 .000 \$.00 \$ @NURSING FACILITY LEV A-INTERMEDIATE .00 .00 .000 .00 .00 .00 .00 .000 .00 LEV B-REHAB MD .00 .00 .00 .00 .000 LEV B-SUBACUTE FREESTANDING LEV B-SUBACUTE HSPTL BASED .00 .00 .00 .000 .00 .00 LEV B-TRANSITIONAL IP CARE .00 .00 . 00 .000 .00 .00 .000 .00 LEV B-REGULAR 0 @INTERMEDIATE CARE FACIL.-DD .00 \$.00 .000 \$.00 \$.00 0 .00 .00 ICF DDH .00 .000 .00 ICF DD .00 .00 .000 .00 .00

| ICF DDN/DDCN | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
|------------------------------|---------------------|---------------|-------|--------------------|--------|---------|-----------|-----|--------|----|-----------|
| @HEMODIALYSIS TOTAL | 0 | 0 | \$ | .00 | \$ | .00 | .000 | \$ | .00 | \$ | .00 |
| HOSPITAL BASED | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| HEMODIALYSIS CENTER | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| @REHABILITATION FACILITY | 2 | 16 | \$ | 331.07 | \$ | 20.69 | .036 | \$ | 165.54 | \$ | .75 |
| HOSPITAL BASED | 2 | 16 | | 331.07 | | 20.69 | .036 | | 165.54 | | .75 |
| INDEPENDENT FACILITY | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| @LABORATORY FACILITY | 128 | 281 | \$ | 6,139.43 | \$ | 21.85 | .639 | \$ | 47.96 | \$ | 13.95 |
| PATHOLOGY | 128 | 281 | | 6,139.43 | | 21.85 | .639 | | 47.96 | | 13.95 |
| XO AND OTHERS | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| @ORGANIZED OUTPATIENT CLINIC | 161 | 445 | \$ | 30,841.77 | \$ | 69.31 | 1.011 | \$ | 191.56 | \$ | 70.09 |
| CLINIC | 63 | 303 | | 12,859.46 | | 42.44 | .689 | | 204.12 | | 29.23 |
| SURGICENTER | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| HEROIN DETOX CLINIC | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| RURAL HEALTH CLINIC | 99 | 142 | | 17,982.31 | | 126.64 | .323 | | 181.64 | | 40.87 |
| #CALIF DEPT OF HEALTH SERV | MEDI-CAL SERVICES A | AND EXPENDITU | RES I | MONTH-OF-PAYMENT F | REPORT | FOR JAN | 2004 THRU | DEC | 2004 | P7 | AGE 1,156 |
| MOP024 | FEE-FOR-SERVICE/DEN | NTAL | | | | | | | | | 03/14/05 |
| DITUTE COINTY | CHMMADY OF CEDUTCES | C EOD MIN - | NO C | OC = POPAT | | | | | | | |

BUTTE COUNTY SUMMARY OF SERVICES FOR MIA - NO SOC - TOTAL

----- MONTHLY AVERAGE -----440 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE @ALL OTHER PROVIDERS 40 395 \$ 7,485.70 \$ 18.95 .898 \$ 187.14 \$ 17.01 .00 DURABLE MED. EQUIP. 0 0 .00 .00 .000 .00 .00 .00 BLOOD BANK 0 .000 .00 .00 HEARING AID DISPENSERS 0 .00 .000 .00 .00 MEDICAL TRANSPORTATION 10 352 4,936.71 14.02 .800 493.67 11.22 10 351 8.94 313.67 7.13 AMBULANCES/AIR TRANS 3,136.71 .798 .00 OTHER TRANS .00 .000 .00 .00 OTHER SERVICES 1,800.00 1800.00 .002 1800.00 .00 ACUPUNCTURE .00 .00 .000 .00 ADULT DAY HEALTH CARE CTR 0 .00 .00 .000 .00 .00 2,310.00 GENETIC DISEASE TESTING 105.00 .050 105.00 5.25 IHMC, MODEL-NF, NF, AIDS, MSSP .00 .00 .000 .00 .00 OCCUPATIONAL THERAPIST .00 .00 .000 .00 .00 109.28 .027 OPTICIAN 9.11 18.21 PHYSICAL THERAPIST 121.70 15.21 .018 121.70 .28 .00 PORTABLE X-RAY .00 .000 .00 .00 .00 .00 .00 PROSTHETIST/ORTHOTISTS .000 .00 .00 .000 .00 PROSTHETICS .00 ORTHOTICS .00 .00 .000 .00 .00 .00 .00 .00 PSYCHOLOGIST .000 .00 .00 .000 .00 SPEECH AND AUDIOLOGY .00 .00 .00 HOSPICE SERVICES .000 .00 .00 .00 .000 NONINST BIRTHING CENTERS LOCAL EDUCATION AGENCIES .00 .00 .000 .00 .00 EPSDT SUPPLEMENTAL SERVICE .00 .00 .000 .00 .00 .00 .00 .000 RESPIRATORY CARE PRACT. PED SUBACUTE REHAB/WEANING .00 .00 .00 .000 .00 ALL OTHER PROVIDERS 1 8.01 8.01 .002 8.01 .02 28,565.71 \$ 141.41 .459 \$ 9521.90 \$ @CALIF. CHILDREN SERVICES* 64.92 .00 \$.000 \$.00 \$ @XOVER EXCLUDING STATE HOSP** .00 .00

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

[#]CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 MOP024 FEE-FOR-SERVICE/DENTAL

FEE-FOR-SERVICE/DENTAL

MOP024

03/14/05

| BUTTE COUNTY | SUMMARY OF SERV | JICES FOR MIA - SOC - 1 | LTC | AID CODE | 53 | | |
|----------------------------|-----------------|--------------------------|---------------------------------------|-----------------|--------------|------------|------------|
| | | | | | MON | THLY AVERA | GE |
| 65 ELIGIBLES | USERS | UNITS OF SERVICE | EXPENDITURES | AVERAGE COST | | | COST PER |
| | | OR DAYS OF CARE | | PER UNIT/DAY | | USER | ELIGIBLE |
| @TOTAL, ALL PROVIDERS | 92 38 | 7,525 \$ | 243,113.08 | \$ 32.31 | 115.769 \$ | | \$ 3740.20 |
| @PHYSICIANS SERVICES | 38 | 130 \$ | 5,785.77 | \$ 44.51 | 2.000 \$ | | |
| OUTPATIENT VISITS | 10 | 13 | 532.91 | 40.99 | .200 | 53.29 | 8.20 |
| OFFICE VISITS | 4 | 4 | 109.50 | 27.38 | .062 | 27.38 | 1.68 |
| | 4 | 0 | | | | | |
| HOME VISITS | 0 | 9 | .00 | .00 | .000 | .00 | .00 |
| EMERGENCY ROOM | 6 | | 423.41 | 47.05 | .138 | 70.57 | 6.51 |
| PREVENTIVE CARE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OB VISITS/COMPRE PERI | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OTHER OUTPATIENT | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| INPATIENT VISITS | 12 | 25 | 823.28 | 32.93 | .385 | 68.61 | 12.67 |
| HOSPITAL VISITS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| CRITICAL CARE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| SNF/ICF/TRANS IP CARE | 12 | 25 | 823.28 | 32.93 | .385 | 68.61 | 12.67 |
| OPHTHALMOLOGICAL SERVICES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| EXAMINATIONS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| SERVICES AND MATERIALS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| INPATIENT HOSPITAL SURGERY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PRINCIPAL SURGEON | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ASSISTANT SURGEON | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ANESTHESIOLOGIST | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OUTPATIENT SURGERY | 2 | 10 | 330.74 | 33.07 | .154 | 165.37 | 5.09 |
| PRINCIPAL SURGEON | 1 | 1 | 224.12 | 224.12 | .015 | 224.12 | 3.45 |
| ASSISTANT SURGEON | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ANESTHESIOLOGIST | 1 | 9 | 106.62 | 11.85 | .138 | 106.62 | 1.64 |
| DIALYSIS | 11 | 43 | 2,590.44 | 60.24 | .662 | 235.49 | 39.85 |
| PATHOLOGY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| | 14 | 36 | 1,416.60 | 39.35 | .554 | 101.19 | 21.79 |
| RADIOLOGY | 0 | 0 | · · · · · · · · · · · · · · · · · · · | | | | |
| PSYCHIATRY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| IMMUNIZATION AND INJECTION | • | | .00 | .00 | .000 | .00 | .00 |
| OTHER SERVICES/ALL X-OVERS | 3 | 3 | 91.80 | 30.60 | .046 | 30.60 | 1.41 |
| @PHARMACY | 55 | 426 \$ | 23,711.69 | \$ 55.66 | 6.554 \$ | | |
| PRESCRIPTION DRUGS | 55 | 424 | 23,634.24 | 55.74 | 6.523 | 429.71 | 363.60 |
| SNF/ICF | 48 | 400 | 22,928.26 | 57.32 | 6.154 | 477.67 | 352.74 |
| OUTPATIENTS | 8 | 24 | 705.98 | 29.42 | .369 | 88.25 | 10.86 |
| MEDICAL SUPPLIES | 1 | 2 | 77.45 | 38.73 | .031 | 77.45 | 1.19 |
| @DENTIST | 3 | 14 \$ | 419.00 | \$ 29.93 | .215 \$ | | |
| VISITS - DIAGNOSTIC | 3 | 13 | 159.00 | 12.23 | .200 | 53.00 | 2.45 |
| ORAL SURGERY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| DRUGS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ANESTHESIA | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PERIODONTICS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ENDODONTICS | 1 | 1 | 260.00 | 260.00 | .015 | 260.00 | 4.00 |
| RESTORATIVE DENTISTRY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PROSTHETICS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| DENTURES, STAYPLATES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| SPACE MAINTAINERS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| MAXILLOFACIAL SERVICES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| FRACTURES, DISLOCATIONS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ORTHODONTIC SERVICES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER SERVICES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| #CALIF DEPT OF HEALTH SERV | • | CES AND EXPENDITURES MOI | | | | | PAGE 1,158 |
| MODOSA | MEDI-CAL SERVIC | | MIN OF EATMENT RI | TIONI TON UMN A | TOOA TUVO DE | C 2004 | 02/14/05 |

| BUTTE COUNTY | SUMMARY OF SERVI | CES FOR | MIA - SC |)C | LTC | | AID CODE | | | | | |
|------------------------------|------------------|----------|----------|--------|---------------|--------|------------|-------|----|---------|----|----------|
| | | | | | | | | M | | | | |
| 65 ELIGIBLES | USERS | UNITS OF | | | EXPENDITURES | | ERAGE COST | | | | | COST PER |
| | | OR DAYS | OF CARE | | | PE: | R UNIT/DAY | | | USER | | ELIGIBLE |
| @OPTOMETRIST | 4 | | 9 | \$ | 248.57 | \$ | 27.62 | .138 | \$ | 62.14 | \$ | 3.82 |
| DIAGNOSTIC AND ANC. PROCED | 3 | | 3 | | 142.35 | | 47.45 | .046 | | 47.45 | | 2.19 |
| EYE APPLIANCES | 2 | | 6 | | 106.22 | | 17.70 | .092 | | 53.11 | | 1.63 |
| OTHER OPTOMETRIC SERVICES | 0 | | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| @CHIROPRACTOR | 0 | | 0 | \$ | .00 | \$ | .00 | .000 | \$ | .00 | \$ | .00 |
| VISITS | 0 | | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| OTHER SERVICES | 0 | | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| @PODIATRIST | 0 | | 0 | \$ | | \$ | .00 | .000 | Ś | .00 | Ś | .00 |
| MEDICINE/INJECTIONS | 0 | | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| SURGERY/ANES. | 0 | | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| RADIO./PATHOLOGY | 0 | | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| OTHER | 0 | | Ö | | .00 | | .00 | .000 | | .00 | | .00 |
| @HOME HEALTH AGENCY | 3 | | 20 | \$ | 1,435.75 | Ś | 71.79 | .308 | Ś | 478.58 | Ś | 22.09 |
| NURSE ANESTHESIST | 0 | | 0 | \$ | .00 | \$ | .00 | .000 | | .00 | \$ | .00 |
| NURSE MIDWIFE | 0 | | 0 | ¢ | | \$ | .00 | .000 | | | \$ | .00 |
| PEDIATRIC NURSE PRACTITIONER | 0 | | 0 | \$ | .00 | ب خ | .00 | | \$ | | \$ | .00 |
| | 0 | | 0 | ې د | | ې خ | | | | | | .00 |
| FAMILY NURSE PRACTITIONER | 31 | | | ې د | | \$ | .00 | .000 | | .00 | | 204.33 |
| @TOTAL HOSPITAL | 1 | | 160 | Þ | - , - · · · · | \$ | | 2.462 | Ş | 428.43 | Ş | |
| HOSP INPATIENT TOTAL | = | | 8 | | 8,243.35 | | 1030.42 | .123 | | 8243.35 | | 126.82 |
| HSC HOSPITALS | 0 | | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| NON-HSC HOSPITAL TOTAL | 1 | | 8 | | 8,243.35 | | 1030.42 | .123 | | 8243.35 | | 126.82 |
| ACCOMMODATIONS | 1 | | 8 0 | | 3,909.22 | | 488.65 | .123 | | 3909.22 | | 60.14 |
| ADMINISTRATIVE DAYS | 0 | | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| TRANSITIONAL IP CARE | 0 | | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| ALL OTHER ACCOM | 1 | | 8 | | 3,909.22 | | 488.65 | .123 | | 3909.22 | | 60.14 |
| ANCILLARIES | 1 | | 0 | | 4,334.13 | | .00 | .000 | | 4334.13 | | 66.68 |
| INPATIENT CROSSOVERS | 0 | | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| ALL OTHER INPATIENT | 0 | | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| HOSP OUTPATIENT TOTAL | 31 | | 152 | | 5,038.01 | | 33.14 | 2.338 | | 162.52 | | 77.51 |
| MEDICAL | 10 | | 17 | | 868.20 | | 51.07 | .262 | | 86.82 | | 13.36 |
| SURGERY | 1 | | 1 | | 77.19 | | 77.19 | .015 | | 77.19 | | 1.19 |
| PATHOLOGY | 21 | | 91 | | 1,007.34 | | 11.07 | 1.400 | | 47.97 | | 15.50 |
| RADIOLOGY | 7 | | 21 | | 2,411.35 | | 114.83 | .323 | | 344.48 | | 37.10 |
| ROOM USE | 7 | | 11 | | 504.18 | | 45.83 | .169 | | 72.03 | | 7.76 |
| CROSSOVERS/ALL OTH OUTPTNT | 6 | | 11 | | 169.75 | | 15.43 | .169 | | 28.29 | | 2.61 |
| @COUNTY HOSPITAL TOTAL | 0 | | 0 | \$ | .00 | \$ | .00 | .000 | \$ | .00 | \$ | .00 |
| CO HOSPITAL INPATIENT TOTAL | 0 | | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| HSC HOSPITALS | 0 | | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| NON-HSC HOSPITALS TOTAL | 0 | | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| ACCOMMODATIONS | 0 | | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| ADMINISTRATIVE DAYS | 0 | | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| TRANSITIONAL IP CARE | 0 | | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| ALL OTHER ACCOM | 0 | | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| ANCILLARIES | 0 | | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| INPATIENT CROSSOVERS | 0 | | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| ALL OTHER INPATIENT | 0 | | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| CO HOSP OUTPATIENT TOTAL | 0 | | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| MEDICAL | 0 | | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| SURGERY | 0 | | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| PATHOLOGY | 0 | | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| | • | | 0 | | | | | | | | | |
| RADIOLOGY | 0 | | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| ROOM USE | 0 | | 0 | | .00 | | .00 | .000 | | .00 | | .00 |

BUTTE COUNTY SUMMARY OF SERVICES FOR MIA - SOC - LTC AID CODE 53

| 20112 0001111 | 001111111111111111111111111111111111111 | | 210 | | 1112 0022 | | O 3.T.E. | | C.D. | |
|-----------------------------|---|------------------|------------------|----|-----------|-----------|----------|------------|------|----------|
| 65 51 56 57 56 | | | | 3 | | | | 'HLY AVERA | - | |
| 65 ELIGIBLES | USERS | UNITS OF SERVICE | EXPENDITURES | | | UNITS/DAY | - | COST PER | | COST PER |
| | | OR DAYS OF CARE | | | UNIT/DAY | PER ELIG | | USER | | ELIGIBLE |
| @COMMUNITY HOSPITAL TOTAL | 31 | 160 | \$ 13,281.36 | \$ | 83.01 | 2.462 | \$ | | \$ | 204.33 |
| COMM HOSP INPATIENT TOTAL | 1 | 8 | 8,243.35 | | 1030.42 | .123 | | 8243.35 | | 126.82 |
| HSC HOSPITALS | 0 | 0 | .00 | | .00 | .000 | | .00 | | .00 |
| NON-HSC HOSPITALS TOTAL | 1 | 8 | 8,243.35 | | 1030.42 | .123 | | 8243.35 | | 126.82 |
| ACCOMMODATIONS | 1 | 8 | 3,909.22 | | 488.65 | .123 | | 3909.22 | | 60.14 |
| ADMINISTRATIVE DAYS | 0 | 0 | .00 | | .00 | .000 | | .00 | | .00 |
| TRANSITIONAL IP CARE | 0 | 0 | .00 | | .00 | .000 | | .00 | | .00 |
| ALL OTHER ACCOM | 1 | 8 | 3,909.22 | | 488.65 | .123 | | 3909.22 | | 60.14 |
| ANCILLARIES | 1 | 0 | 4,334.13 | | .00 | .000 | | 4334.13 | | 66.68 |
| INPATIENT CROSSOVERS | 0 | 0 | .00 | | .00 | .000 | | .00 | | .00 |
| ALL OTHER INPATIENT | 0 | 0 | .00 | | .00 | .000 | | .00 | | .00 |
| COMM HOSP OUTPATIENT TOTAL | 31 | 152 | 5,038.01 | | 33.14 | 2.338 | | 162.52 | | 77.51 |
| MEDICAL | 10 | 17 | 868.20 | | 51.07 | .262 | | 86.82 | | 13.36 |
| SURGERY | 1 | 1 | 77.19 | | 77.19 | .015 | | 77.19 | | 1.19 |
| PATHOLOGY | 21 | 91 | 1,007.34 | | 11.07 | 1.400 | | 47.97 | | 15.50 |
| RADIOLOGY | 7 | 21 | 2,411.35 | | 114.83 | .323 | | 344.48 | | 37.10 |
| ROOM USE | 7 | 11 | 504.18 | | 45.83 | .169 | | 72.03 | | 7.76 |
| CROSSOVERS/ALL OTH OUTPTNT | 6 | 11 | 169.75 | | 15.43 | .169 | | 28.29 | | 2.61 |
| @STATE HOSPITAL | 0 | 0 | \$.00 | \$ | .00 | .000 | \$ | .00 | \$ | .00 |
| MENTALLY ILL | 0 | 0 | .00 | | .00 | .000 | | .00 | | .00 |
| DEVELOP. DISABLED | 0 | 0 | .00 | | .00 | .000 | | .00 | | .00 |
| @NURSING FACILITY | 35 | 1,003 | \$ 120,304.22 | \$ | 119.94 | 15.431 | \$ | 3437.26 | \$ | 1850.83 |
| LEV A-INTERMEDIATE | 0 | 0 | .00 | | .00 | .000 | | .00 | | .00 |
| LEV B-REHAB MD | 0 | 0 | .00 | | .00 | .000 | | .00 | | .00 |
| LEV B-SUBACUTE FREESTANDING | 0 | 0 | .00 | | .00 | .000 | | .00 | | .00 |
| | | | | | | | | | | |

| LEV B-SUBACUTE HSPTL BASED | 2 | 48 | | 26,551.20 |) | 553.15 | .738 | | 13275.60 | | 408.48 |
|------------------------------|--------------------------|-----------|-----------|-----------|--------|---------|-----------|------|-----------|-----|-----------|
| LEV B-TRANSITIONAL IP CARE | 0 | 0 | | .00 |) | .00 | .000 | | .00 | | .00 |
| LEV B-REGULAR | 33 | 955 | | 93,753.02 | 2 | 98.17 | 14.692 | | 2841.00 | | 1442.35 |
| @INTERMEDIATE CARE FACILDD | 0 | 0 | \$ | .00 |) \$ | .00 | .000 | \$ | .00 | \$ | .00 |
| ICF DDH | 0 | 0 | | .00 |) | .00 | .000 | | .00 | | .00 |
| ICF DD | 0 | 0 | | .00 |) | .00 | .000 | | .00 | | .00 |
| ICF DDN/DDCN | 0 | 0 | | .00 |) | .00 | .000 | | .00 | | .00 |
| @HEMODIALYSIS TOTAL | 12 | 905 | \$ | 40,232.76 | 5 \$ | 44.46 | 13.923 | \$ | 3352.73 | \$ | 618.97 |
| HOSPITAL BASED | 0 | 0 | | .00 |) | .00 | .000 | | .00 | | .00 |
| HEMODIALYSIS CENTER | 12 | 905 | | 40,232.76 | 5 | 44.46 | 13.923 | | 3352.73 | | 618.97 |
| @REHABILITATION FACILITY | 2 | 45 | \$ | 1,184.04 | \$ | 26.31 | .692 | \$ | 592.02 | \$ | 18.22 |
| HOSPITAL BASED | 2 | 45 | | 1,184.04 | 1 | 26.31 | .692 | | 592.02 | | 18.22 |
| INDEPENDENT FACILITY | 0 | 0 | | .00 |) | .00 | .000 | | .00 | | .00 |
| @LABORATORY FACILITY | 18 | 77 | \$ | 1,288.98 | \$ | 16.74 | 1.185 | \$ | 71.61 | \$ | 19.83 |
| PATHOLOGY | 18 | 77 | | 1,288.98 | 3 | 16.74 | 1.185 | | 71.61 | | 19.83 |
| XO AND OTHERS | 0 | 0 | | .00 |) | .00 | .000 | | .00 | | .00 |
| @ORGANIZED OUTPATIENT CLINIC | 20 | 45 | \$ | 5,360.87 | 7 \$ | 119.13 | .692 | \$ | 268.04 | \$ | 82.47 |
| CLINIC | 1 | 2 | | 380.38 | 3 | 190.19 | .031 | | 380.38 | | 5.85 |
| SURGICENTER | 0 | 0 | | .00 |) | .00 | .000 | | .00 | | .00 |
| HEROIN DETOX CLINIC | 0 | 0 | | .00 |) | .00 | .000 | | .00 | | .00 |
| RURAL HEALTH CLINIC | 19 | 43 | | 4,980.49 |) | 115.83 | .662 | | 262.13 | | 76.62 |
| #CALIF DEPT OF HEALTH SERV | MEDI-CAL SERVICES AND EX | PENDITURE | S MONTH-O | F-PAYMENT | REPORT | FOR JAN | 2004 THRU | DEC | 2004 | P | AGE 1,160 |
| MOP024 | FEE-FOR-SERVICE/DENTAL | | | | | | | | | | 03/14/05 |
| BUTTE COUNTY | SUMMARY OF SERVICES FOR | MIA - SC | C - LTC | | | AID COD | E 53 | | | | |
| | | | | | | | N | TMOI | HLY AVERA | ΔGE | |

----- MONTHLY AVERAGE -----EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER 65 ELIGIBLES USERS UNITS OF SERVICE OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE 4,691 \$ 29,860.07 \$ 6.37 @ALL OTHER PROVIDERS 43 72.169 \$ 694.42 \$ 459.39 2 2 107.63 53.82 .031 53.82 1.66 DURABLE MED. EQUIP. 00 .000 .000 .00 .00 .000 .000 .00 6.69 24.508 304.35 163.88 8.10 4.092 165.78 33.16 10 20.400 303.05 130.54 .00 BLOOD BANK .00 10,652.41 2,155.16 0 0 HEARING AID DISPENSERS 35 1,593 MEDICAL TRANSPORTATION 13 AMBULANCES/AIR TRANS 266 6.40 20.400 8,485.39 28 1,326 OTHER TRANS 1 OTHER SERVICES ACUPUNCTURE .00 ADULT DAY HEALTH CARE CTR .00 GENETIC DISEASE TESTING .00 IHMC, MODEL-NF, NF, AIDS, MSSP .00 OCCUPATIONAL THERAPIST .00 OPTICIAN PHYSICAL THERAPIST .00 PORTABLE X-RAY . 93 PROSTHETIST/ORTHOTISTS PROSTHETICS 5.11 ORTHOTICS . 00 PSYCHOLOGIST SPEECH AND AUDIOLOGY 0 .00 HOSPICE SERVICES 143 16,772.35 117.29 2.200 4193.09 258.04 .00 .000 .00 .00 NONINST BIRTHING CENTERS .00 .00 .00 .00 LOCAL EDUCATION AGENCIES .000 .00 .00 .00 .000 .00 . 00 EPSDT SUPPLEMENTAL SERVICE .00 .00 .00 .000 RESPIRATORY CARE PRACT. .00 1,935.42 0 .00 .00 PED SUBACUTE REHAB/WEANING .000 .00 45.385 2,950 .66 215.05 29.78 ALL OTHER PROVIDERS .00 \$.000 \$.00 \$ @CALIF. CHILDREN SERVICES* .00 .00

@XOVER EXCLUDING STATE HOSP** 0 0 \$.00 \$

03/14/05

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 1,161 MOP024 FEE-FOR-SERVICE/DENTAL

SUMMARY OF SERVICES FOR MIA - SOC - PREGNANT AID CODE 87 BUTTE COUNTY

| BUTTE COUNTY | SUMMARY OF SERV | /ICES FOR MIA - SO |)C - | PREGNANT | AID CODE | | | | |
|----------------------------|-----------------|--------------------|------|--------------|--------------|------------|----------|-----|----------|
| | | | | | | MON | | AGE | |
| 17 ELIGIBLES | USERS | UNITS OF SERVICE | | EXPENDITURES | AVERAGE COST | UNITS/DAYS | COST PER | | COST PER |
| | | OR DAYS OF CARE | | | PER UNIT/DAY | | USER | | ELIGIBLE |
| @TOTAL, ALL PROVIDERS | 17 | 38 | \$ | 2,608.71 | \$ 68.65 | 2.235 \$ | 153.45 | \$ | 153.45 |
| @PHYSICIANS SERVICES | 7 | 12 | \$ | 746.16 | \$ 62.18 | .706 \$ | 106.59 | \$ | 43.89 |
| OUTPATIENT VISITS | 3 | 4 | | 116.60 | 29.15 | .235 | 38.87 | | 6.86 |
| OFFICE VISITS | 2 | 3 | | 72.00 | 24.00 | .176 | 36.00 | | 4.24 |
| HOME VISITS | 0 | 0 | | .00 | .00 | .000 | .00 | | .00 |
| EMERGENCY ROOM | 1 | 1 | | 44.60 | 44.60 | .059 | 44.60 | | 2.62 |
| PREVENTIVE CARE | 0 | 0 | | .00 | .00 | .000 | .00 | | .00 |
| OB VISITS/COMPRE PERI | 0 | 0 | | .00 | .00 | .000 | .00 | | .00 |
| OTHER OUTPATIENT | 0 | 0 | | .00 | .00 | .000 | .00 | | .00 |
| INPATIENT VISITS | 2 | 3 | | 165.71 | 55.24 | .176 | 82.86 | | 9.75 |
| HOSPITAL VISITS | 2 | 3 | | 165.71 | 55.24 | .176 | 82.86 | | 9.75 |
| CRITICAL CARE | 0 | 5 | | .00 | .00 | .000 | .00 | | .00 |
| SNF/ICF/TRANS IP CARE | 0 | 0 | | .00 | .00 | .000 | .00 | | .00 |
| | 0 | 0 | | .00 | | | .00 | | |
| OPHTHALMOLOGICAL SERVICES | 0 | 0 | | | .00 | .000 | | | .00 |
| EXAMINATIONS | U | U | | .00 | .00 | .000 | .00 | | .00 |
| SERVICES AND MATERIALS | U | U | | .00 | .00 | .000 | .00 | | .00 |
| INPATIENT HOSPITAL SURGERY | 0 | 0 | | .00 | .00 | .000 | .00 | | .00 |
| PRINCIPAL SURGEON | 0 | 0 | | .00 | .00 | .000 | .00 | | .00 |
| ASSISTANT SURGEON | 0 | 0 | | .00 | .00 | .000 | .00 | | .00 |
| ANESTHESIOLOGIST | 0 | 0 | | .00 | .00 | .000 | .00 | | .00 |
| OUTPATIENT SURGERY | 2 | 2 | | 181.25 | 90.63 | .118 | 90.63 | | 10.66 |
| PRINCIPAL SURGEON | 2 | 2 | | 181.25 | 90.63 | .118 | 90.63 | | 10.66 |
| ASSISTANT SURGEON | 0 | 0 | | .00 | .00 | .000 | .00 | | .00 |
| ANESTHESIOLOGIST | 0 | 0 | | .00 | .00 | .000 | .00 | | .00 |
| DIALYSIS | 0 | 0 | | .00 | .00 | .000 | .00 | | .00 |
| PATHOLOGY | 0 | 0 | | .00 | .00 | .000 | .00 | | .00 |
| RADIOLOGY | 0 | 0 | | .00 | .00 | .000 | .00 | | .00 |
| PSYCHIATRY | 0 | 0 | | .00 | .00 | .000 | .00 | | .00 |
| IMMUNIZATION AND INJECTION | 0 | 0 | | .00 | .00 | .000 | .00 | | .00 |
| OTHER SERVICES/ALL X-OVERS | 2 | 3 | | 282.60 | 94.20 | .176 | 141.30 | | 16.62 |
| @PHARMACY | 4 | 7 | \$ | 211.33 | \$ 30.19 | .412 \$ | 52.83 | \$ | 12.43 |
| PRESCRIPTION DRUGS | 4 | 7 | | 211.33 | 30.19 | .412 | 52.83 | | 12.43 |
| SNF/ICF | 0 | 0 | | .00 | .00 | .000 | .00 | | .00 |
| OUTPATIENTS | 4 | 7 | | 211.33 | 30.19 | .412 | 52.83 | | 12.43 |
| MEDICAL SUPPLIES | 0 | 0 | | .00 | .00 | .000 | .00 | | .00 |
| @DENTIST | 0 | • | \$ | .00 | \$.00 | .000 \$ | | Ś | .00 |
| VISITS - DIAGNOSTIC | 0 | 0 | т | .00 | .00 | .000 | .00 | т | .00 |
| ORAL SURGERY | 0 | 0 | | .00 | .00 | .000 | .00 | | .00 |
| DRUGS | 0 | 0 | | .00 | .00 | .000 | .00 | | .00 |
| ANESTHESIA | 0 | 0 | | .00 | .00 | .000 | .00 | | .00 |
| | 0 | 0 | | .00 | .00 | .000 | .00 | | .00 |
| PERIODONTICS | 0 | 0 | | .00 | .00 | .000 | .00 | | .00 |
| ENDODONTICS | 0 | 0 | | .00 | | | .00 | | |
| RESTORATIVE DENTISTRY | U | U | | | .00 | .000 | | | .00 |
| PROSTHETICS | 0 | Û | | .00 | .00 | .000 | .00 | | .00 |
| DENTURES, STAYPLATES | U | 0 | | .00 | .00 | .000 | .00 | | .00 |
| SPACE MAINTAINERS | 0 | 0 | | .00 | .00 | .000 | .00 | | .00 |

| MAXILLOFACIAL SERVICES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
|----------------------------|---------------------|------------------|-------------------------|-----------|--------------|------|------------|
| FRACTURES, DISLOCATIONS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ORTHODONTIC SERVICES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER SERVICES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| #CALIF DEPT OF HEALTH SERV | MEDI-CAL SERVICES A | AND EXPENDITURES | MONTH-OF-PAYMENT REPORT | FOR JAN 2 | 004 THRU DEC | 2004 | PAGE 1,162 |
| MOP024 | FEE-FOR-SERVICE/DEN | ITAL | | | | | 03/14/05 |

SUMMARY OF SERVICES FOR MIA - SOC - PREGNANT AID CODE 87 BUTTE COUNTY ----- MONTHLY AVERAGE -----17 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER

| 17 ELIGIBLES | USERS | UNITS OF SERVICE | | EXPENDITURES | | ERAGE COST | | 3 | COST PER | COST PER |
|------------------------------|-------|------------------|---------|--------------|---------|------------|------|----|----------|-------------|
| | | OR DAYS OF CARE | | | PEI | R UNIT/DAY | | | USER | ELIGIBLE |
| @OPTOMETRIST | 3 | 8 | \$ | 180.60 | \$ | 22.58 | .471 | \$ | 60.20 | \$ 10.62 |
| DIAGNOSTIC AND ANC. PROCED | 2 | 2 | | 94.90 | | 47.45 | .118 | | 47.45 | 5.58 |
| EYE APPLIANCES | 2 | 6 | | 85.70 | | 14.28 | .353 | | 42.85 | 5.04 |
| OTHER OPTOMETRIC SERVICES | 0 | 0 | | .00 | | .00 | .000 | | .00 | .00 |
| @CHIROPRACTOR | 0 | 0 | \$ | .00 | \$ | .00 | .000 | \$ | .00 | \$.00 |
| VISITS | 0 | 0 | | .00 | | .00 | .000 | | .00 | .00 |
| OTHER SERVICES | 0 | 0 | | .00 | | .00 | .000 | | .00 | .00 |
| @PODIATRIST | 0 | 0 | \$ | .00 | \$ | .00 | .000 | \$ | .00 | \$.00 |
| MEDICINE/INJECTIONS | 0 | 0 | | .00 | · | .00 | .000 | | .00 | .00 |
| SURGERY/ANES. | 0 | 0 | | .00 | | .00 | .000 | | .00 | .00 |
| RADIO./PATHOLOGY | 0 | 0 | | .00 | | .00 | .000 | | .00 | .00 |
| OTHER | 0 | 0 | | .00 | | .00 | .000 | | .00 | .00 |
| @HOME HEALTH AGENCY | 0 | 0 | \$ | .00 | \$ | .00 | .000 | \$ | .00 | \$.00 |
| NURSE ANESTHESIST | 0 | 0 | \$ | .00 | \$ | .00 | .000 | \$ | .00 | \$.00 |
| NURSE MIDWIFE | 0 | 0 | \$ | .00 | \$ | .00 | .000 | \$ | .00 | \$.00 |
| PEDIATRIC NURSE PRACTITIONER | 0 | 0 | \$ | .00 | \$ | .00 | .000 | \$ | .00 | \$.00 |
| FAMILY NURSE PRACTITIONER | 0 | 0 | ۶ \$ | .00 | ۶ \$ | .00 | .000 | \$ | | |
| | 0 | | ې د | | \$ | | | | .00 | \$.00 |
| @TOTAL HOSPITAL | 3 | 3 | Ş | 326.10 | Ş | 108.70 | .176 | \$ | 108.70 | \$ 19.18 |
| HOSP INPATIENT TOTAL | Ü | | | .00 | | .00 | .000 | | .00 | .00 |
| HSC HOSPITALS | 0 | 0 | | .00 | | .00 | .000 | | .00 | .00 |
| NON-HSC HOSPITAL TOTAL | 0 | 0 | | .00 | | .00 | .000 | | .00 | .00 |
| ACCOMMODATIONS | 0 | 0 | | .00 | | .00 | .000 | | .00 | .00 |
| ADMINISTRATIVE DAYS | 0 | 0 | | .00 | | .00 | .000 | | .00 | .00 |
| TRANSITIONAL IP CARE | 0 | 0 | | .00 | | .00 | .000 | | .00 | .00 |
| ALL OTHER ACCOM | 0 | 0 | | .00 | | .00 | .000 | | .00 | .00 |
| ANCILLARIES | 0 | 0 | | .00 | | .00 | .000 | | .00 | .00 |
| INPATIENT CROSSOVERS | 0 | 0 | | .00 | | .00 | .000 | | .00 | .00 |
| ALL OTHER INPATIENT | 0 | 0 | | .00 | | .00 | .000 | | .00 | .00 |
| HOSP OUTPATIENT TOTAL | 3 | 3 | | 326.10 | | 108.70 | .176 | | 108.70 | 19.18 |
| MEDICAL | 2 | 2 | | 326.10 | | 163.05 | .118 | | 163.05 | 19.18 |
| SURGERY | 0 | 0 | | .00 | | .00 | .000 | | .00 | .00 |
| PATHOLOGY | 0 | 0 | | .00 | | .00 | .000 | | .00 | .00 |
| RADIOLOGY | 0 | 0 | | .00 | | .00 | .000 | | .00 | .00 |
| ROOM USE | 1 | 1 | | .00 | | .00 | .059 | | .00 | .00 |
| CROSSOVERS/ALL OTH OUTPTNT | 0 | 0 | | .00 | | .00 | .000 | | .00 | .00 |
| @COUNTY HOSPITAL TOTAL | 0 | 0 | \$ | .00 | \$ | .00 | .000 | \$ | .00 | \$.00 |
| CO HOSPITAL INPATIENT TOTAL | 0 | 0 | | .00 | | .00 | .000 | | .00 | .00 |
| HSC HOSPITALS | 0 | 0 | | .00 | | .00 | .000 | | .00 | .00 |
| NON-HSC HOSPITALS TOTAL | 0 | 0 | | .00 | | .00 | .000 | | .00 | .00 |
| ACCOMMODATIONS | 0 | 0 | | .00 | | .00 | .000 | | .00 | .00 |
| ADMINISTRATIVE DAYS | 0 | 0 | | .00 | | .00 | .000 | | .00 | .00 |
| TRANSITIONAL IP CARE | 0 | 0 | | .00 | | .00 | .000 | | .00 | .00 |
| ALL OTHER ACCOM | 0 | 0 | | .00 | | .00 | .000 | | .00 | .00 |
| ANCILLARIES | 0 | 0 | | .00 | | .00 | .000 | | .00 | .00 |
| INPATIENT CROSSOVERS | 0 | 0 | | .00 | | .00 | .000 | | .00 | .00 |
| ALL OTHER INPATIENT | 0 | 0 | | .00 | | .00 | .000 | | .00 | .00 |
| ALL UIRER INPALLENT | U | U | | .00 | | .00 | .000 | | .00 | .00 |

| CO HOSP OUTPATIENT TOTAL | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
|----------------------------|------------------------|--------------|-------------------------|----------|-------------|---------|------------|
| MEDICAL | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| SURGERY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PATHOLOGY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| RADIOLOGY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ROOM USE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| CROSSOVERS/ALL OTH OUTPINT | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| #CALIF DEPT OF HEALTH SERV | MEDI-CAL SERVICES AND | EXPENDITURES | MONTH-OF-PAYMENT REPORT | FOR JAN | 2004 THRU D | EC 2004 | PAGE 1,163 |
| MOP024 | FEE-FOR-SERVICE/DENTAI | | | | | | 03/14/05 |
| BUTTE COUNTY | SUMMARY OF SERVICES FO | OR MIA - SOC | - PREGNANT | AID CODE | 87 | | |

| BUTTE COUNTY | SUMMARY OF SERV | ICES FOR | MIA - SO | C - | PREGNANT | | AID CODE | 8 / | | | | |
|--|-----------------|----------|----------|-----|--------------|-----|------------|------------|-----|-----------|-----|----------|
| | | | | | | | | M | TNC | HLY AVERA | GE. | |
| 17 ELIGIBLES | USERS | UNITS OF | SERVICE | | EXPENDITURES | AVI | ERAGE COST | UNITS/DAY: | S | COST PER | | COST PER |
| | | OR DAYS | OF CARE | | | PEI | R UNIT/DAY | PER ELIG | | USER | | ELIGIBLE |
| @COMMUNITY HOSPITAL TOTAL | 3 | | 3 | \$ | 326.10 | \$ | 108.70 | .176 | \$ | 108.70 | \$ | 19.18 |
| COMM HOSP INPATIENT TOTAL | 0 | | 0 | | .00 | · | .00 | .000 | · | .00 | | .00 |
| HSC HOSPITALS | 0 | | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| NON-HSC HOSPITALS TOTAL | 0 | | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| ACCOMMODATIONS | 0 | | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| ADMINISTRATIVE DAYS | 0 | | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| TRANSITIONAL IP CARE | 0 | | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| | 0 | | 0 | | .00 | | | | | | | |
| ALL OTHER ACCOM | 0 | | | | | | .00 | .000 | | .00 | | .00 |
| ANCILLARIES | U | | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| INPATIENT CROSSOVERS | 0 | | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| ALL OTHER INPATIENT | 0 | | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| COMM HOSP OUTPATIENT TOTAL | 3 | | 3 | | 326.10 | | 108.70 | .176 | | 108.70 | | 19.18 |
| MEDICAL | 2 | | 2 | | 326.10 | | 163.05 | .118 | | 163.05 | | 19.18 |
| SURGERY | 0 | | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| PATHOLOGY | 0 | | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| RADIOLOGY | 0 | | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| ROOM USE | 1 | | 1 | | .00 | | .00 | .059 | | .00 | | .00 |
| CROSSOVERS/ALL OTH OUTPINT | 0 | | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| @STATE HOSPITAL | 0 | | 0 | \$ | .00 | \$ | .00 | .000 | \$ | .00 | \$ | .00 |
| MENTALLY ILL | 0 | | 0 | • | .00 | · | .00 | .000 | · | .00 | | .00 |
| DEVELOP. DISABLED | 0 | | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| @NURSING FACILITY | 0 | | | \$ | .00 | \$ | .00 | .000 | Ś | .00 | \$ | .00 |
| LEV A-INTERMEDIATE | 0 | | 0 | т | .00 | 4 | .00 | .000 | т. | .00 | 4 | .00 |
| LEV B-REHAB MD | 0 | | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| LEV B-SUBACUTE FREESTANDING | | | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| LEV B-SUBACUTE HSPTL BASED | 0 | | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| LEV B SOBACOTE HISTE BASED LEV B-TRANSITIONAL IP CARE | 0 | | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| LEV B TRANSTITIONAL IF CARE | 0 | | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| | 0 | | | \$ | .00 | \$ | .00 | .000 | ċ | .00 | \$ | .00 |
| @INTERMEDIATE CARE FACILDD ICF DDH | 0 | | 0 | Ą | .00 | Ą | .00 | .000 | Ą | .00 | Ą | .00 |
| | 0 | | Ü | | | | | | | | | |
| ICF DD | 0 | | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| ICF DDN/DDCN | U | | 0 | _ | .00 | | .00 | .000 | | .00 | | .00 |
| @HEMODIALYSIS TOTAL | 0 | | | \$ | .00 | \$ | .00 | .000 | Ş | .00 | \$ | .00 |
| HOSPITAL BASED | 0 | | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| HEMODIALYSIS CENTER | 0 | | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| @REHABILITATION FACILITY | 0 | | | \$ | .00 | \$ | .00 | .000 | \$ | .00 | \$ | .00 |
| HOSPITAL BASED | 0 | | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| INDEPENDENT FACILITY | 0 | | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| @LABORATORY FACILITY | 0 | | 0 | \$ | .00 | \$ | .00 | .000 | \$ | .00 | \$ | .00 |
| PATHOLOGY | 0 | | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| XO AND OTHERS | 0 | | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| @ORGANIZED OUTPATIENT CLINIC | 4 | | 8 | \$ | 1,144.52 | \$ | 143.07 | .471 | \$ | 286.13 | \$ | 67.32 |
| CLINIC | 0 | | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| | | | | | | | | | | | | |

| SURGICENTER | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
|----------------------------|------------------------|--------------|-------------------------|--------------|----------|--------|------------|
| HEROIN DETOX CLINIC | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| RURAL HEALTH CLINIC | 4 | 8 | 1,144.52 | 143.07 | .471 | 286.13 | 67.32 |
| #CALIF DEPT OF HEALTH SERV | MEDI-CAL SERVICES AND | EXPENDITURES | MONTH-OF-PAYMENT REPORT | FOR JAN 2004 | THRU DEC | 2004 | PAGE 1,164 |
| MOP024 | FEE-FOR-SERVICE/DENTAL | L | | | | | 03/14/05 |
| BUTTE COUNTY | SUMMARY OF SERVICES FO | OR MIA - SOC | - PREGNANT | AID CODE 87 | | | |

| BOILE COONII | DOINING OF DELC | VIOLO ION HIM DOC | TIMOIMIT | TITE CODE | 0 / | | |
|--------------------------------|-----------------|-------------------|--------------|--------------|------------|-------------|----------|
| | | | | | MON | THLY AVERAG | E |
| 17 ELIGIBLES | USERS | UNITS OF SERVICE | EXPENDITURES | AVERAGE COST | UNITS/DAYS | COST PER | COST PER |
| | | OR DAYS OF CARE | | PER UNIT/DAY | PER ELIG | USER | ELIGIBLE |
| @ALL OTHER PROVIDERS | 0 | 0 \$ | .00 | \$.00 | .000 \$ | .00 | \$.00 |
| DURABLE MED. EQUIP. | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| BLOOD BANK | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| HEARING AID DISPENSERS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| MEDICAL TRANSPORTATION | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| AMBULANCES/AIR TRANS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OTHER TRANS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OTHER SERVICES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ACUPUNCTURE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ADULT DAY HEALTH CARE CTR | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| GENETIC DISEASE TESTING | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| IHMC, MODEL-NF, NF, AIDS, MSSP | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OCCUPATIONAL THERAPIST | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OPTICIAN | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PHYSICAL THERAPIST | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PORTABLE X-RAY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PROSTHETIST/ORTHOTISTS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PROSTHETICS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ORTHOTICS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PSYCHOLOGIST | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| SPEECH AND AUDIOLOGY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| HOSPICE SERVICES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| NONINST BIRTHING CENTERS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| | | | | | | | |

| LOCAL EDUCATION AGENCIES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
|-------------------------------|---|---|-----------|-----------|------|--------|--------|
| EPSDT SUPPLEMENTAL SERVICE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| RESPIRATORY CARE PRACT. | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PED SUBACUTE REHAB/WEANING | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER PROVIDERS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| @CALIF. CHILDREN SERVICES* | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 |
| @XOVER EXCLUDING STATE HOSP** | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 |

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY; THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 1,165
MOP024 FEE-FOR-SERVICE/DENTAL
BUTTE COUNTY SUMMARY OF SERVICES FOR MIA - SOC - TOTAL

MONIBULLY ALIEDACE

| | MONTHLY AVERAGE | | | | | | |
|----------------------------|-----------------|-------------------|-------------------|--------------|------------|----------|------------|
| 82 ELIGIBLES | USERS | UNITS OF SERVICE | EXPENDITURES | AVERAGE COST | UNITS/DAYS | COST PER | COST PER |
| | | OR DAYS OF CARE | | PER UNIT/DAY | PER ELIG | USER | ELIGIBLE |
| @TOTAL, ALL PROVIDERS | 109 | 7 , 563 \$ | 245,721.79 | \$ 32.49 | 92.232 \$ | | \$ 2996.61 |
| @PHYSICIANS SERVICES | 45 | 142 \$ | 6 , 531.93 | \$ 46.00 | 1.732 \$ | 145.15 | \$ 79.66 |
| OUTPATIENT VISITS | 13 | 17 | 649.51 | 38.21 | .207 | 49.96 | 7.92 |
| OFFICE VISITS | 6 | 7 | 181.50 | 25.93 | .085 | 30.25 | 2.21 |
| HOME VISITS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| EMERGENCY ROOM | 7 | 10 | 468.01 | 46.80 | .122 | 66.86 | 5.71 |
| PREVENTIVE CARE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OB VISITS/COMPRE PERI | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OTHER OUTPATIENT | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| INPATIENT VISITS | 14 | 28 | 988.99 | 35.32 | .341 | 70.64 | 12.06 |
| HOSPITAL VISITS | 2 | 3 | 165.71 | 55.24 | .037 | 82.86 | 2.02 |
| CRITICAL CARE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| SNF/ICF/TRANS IP CARE | 12 | 25 | 823.28 | 32.93 | .305 | 68.61 | 10.04 |
| OPHTHALMOLOGICAL SERVICES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| EXAMINATIONS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| SERVICES AND MATERIALS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| INPATIENT HOSPITAL SURGERY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PRINCIPAL SURGEON | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ASSISTANT SURGEON | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ANESTHESIOLOGIST | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OUTPATIENT SURGERY | 4 | 12 | 511.99 | 42.67 | .146 | 128.00 | 6.24 |
| PRINCIPAL SURGEON | 3 | 3 | 405.37 | 135.12 | .037 | 135.12 | 4.94 |
| ASSISTANT SURGEON | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ANESTHESIOLOGIST | 1 | 9 | 106.62 | 11.85 | .110 | 106.62 | 1.30 |
| DIALYSIS | 11 | 43 | 2,590.44 | 60.24 | .524 | 235.49 | 31.59 |
| PATHOLOGY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| RADIOLOGY | 14 | 36 | 1,416.60 | 39.35 | .439 | 101.19 | 17.28 |
| PSYCHIATRY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| IMMUNIZATION AND INJECTION | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OTHER SERVICES/ALL X-OVERS | 5 | 6 | 374.40 | 62.40 | .073 | 74.88 | 4.57 |
| @PHARMACY | 59 | 433 \$ | 23,923.02 | \$ 55.25 | 5.280 \$ | 405.47 | \$ 291.74 |
| PRESCRIPTION DRUGS | 59 | 431 | 23,845.57 | 55.33 | 5.256 | 404.16 | 290.80 |
| SNF/ICF | 48 | 400 | 22,928.26 | 57.32 | 4.878 | 477.67 | 279.61 |
| OUTPATIENTS | 12 | 31 | 917.31 | 29.59 | .378 | 76.44 | 11.19 |
| MEDICAL SUPPLIES | 1 | 2 | 77.45 | 38.73 | .024 | 77.45 | .94 |
| @DENTIST | 3 | 14 \$ | 419.00 | \$ 29.93 | .171 \$ | 139.67 | \$ 5.11 |
| VISITS - DIAGNOSTIC | 3 | 13 | 159.00 | 12.23 | .159 | 53.00 | 1.94 |
| ORAL SURGERY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| DRUGS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ANESTHESIA | 0 | 0 | .00 | .00 | .000 | .00 | .00 |

| PERIODONTICS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
|----------------------------|-----------------------|--------------|-------------------------|---------|-------------|---------|------------|
| ENDODONTICS | 1 | 1 | 260.00 | 260.00 | .012 | 260.00 | 3.17 |
| RESTORATIVE DENTISTRY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PROSTHETICS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| DENTURES, STAYPLATES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| SPACE MAINTAINERS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| MAXILLOFACIAL SERVICES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| FRACTURES, DISLOCATIONS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ORTHODONTIC SERVICES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER SERVICES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| #CALIF DEPT OF HEALTH SERV | MEDI-CAL SERVICES AND | EXPENDITURES | MONTH-OF-PAYMENT REPORT | FOR JAN | 2004 THRU D | EC 2004 | PAGE 1,166 |
| MOP024 | FEE-FOR-SERVICE/DENTA | ΔL | | | | | 03/14/05 |
| BUTTE COUNTY | SUMMARY OF SERVICES F | OR MIA - SOC | - TOTAL | | | | |

----- MONTHLY AVERAGE -----AVERAGE COST UNITS/DAYS COST PER 82 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES COST PER PER UNIT/DAY PER ELIG USER OR DAYS OF CARE ELIGIBLE @OPTOMETRIST 17 429.17 25.25 .207 \$ 61.31 \$ 5.23 DIAGNOSTIC AND ANC. PROCED 5 237.25 47.45 .061 47.45 2.89 15.99 47.98 EYE APPLIANCES 12 191.92 .146 2.34 .00 OTHER OPTOMETRIC SERVICES 0 .00 .00 .000 .00 .00 \$ @CHIROPRACTOR .00 .00 .000 \$.00 .00 .00 VISITS .00 .000 .00 OTHER SERVICES .00 .00 .000 .00 .00 .00 .00 .000 \$.00 \$ @PODIATRIST .00 MEDICINE/INJECTIONS 0 .00 .00 .000 .00 .00 0 0 .00 .00 .00 .00 SURGERY/ANES. .000 RADIO./PATHOLOGY .00 .00 .000 .00 .00 0 .00 .00 OTHER .00 .000 .00 1,435.75 71.79 .244 \$ 478.58 \$ @HOME HEALTH AGENCY .00 \$ 0 .00 NURSE ANESTHESIST .00 .000 \$.00 .00 \$ 0 .00 .00 .000 NURSE MIDWIFE .00 .00 .00 .00 .00 PEDIATRIC NURSE PRACTITIONER .000 \$ 0 .00 .00 .00 \$ FAMILY NURSE PRACTITIONER .000 .00 13,607.46 400.22 @TOTAL HOSPITAL 163 83.48 1.988 \$ 165.94 8 8,243.35 1030.42 .098 8243.35 100.53 HOSP INPATIENT TOTAL .00 HSC HOSPITALS 0 .00 .000 .00 .00 8243.35 NON-HSC HOSPITAL TOTAL 8,243.35 1030.42 .098 100.53 ACCOMMODATIONS 3,909.22 488.65 .098 3909.22 47.67 ADMINISTRATIVE DAYS .00 .00 .000 .00 .00 TRANSITIONAL IP CARE .00 .00 .000 .00 .00 3,909.22 488.65 .098 3909.22 ALL OTHER ACCOM 47.67 4,334.13 .00 4334.13 ANCILLARIES .000 52.86 .00 .00 INPATIENT CROSSOVERS .00 .000 .00 0 .00 .000 .00 .00 ALL OTHER INPATIENT .00 34 155 5,364.11 HOSP OUTPATIENT TOTAL 34.61 1.890 157.77 65.42 12 19 62.86 MEDICAL 1,194.30 .232 99.53 14.56 SURGERY 77.19 77.19 .012 77.19 .94 91 1,007.34 11.07 1.110 47.97 PATHOLOGY 12.28 RADIOLOGY 2,411.35 114.83 .256 344.48 29.41 12 42.02 63.02 ROOM USE 504.18 .146 6.15 CROSSOVERS/ALL OTH OUTPINT 11 169.75 15.43 28.29 2.07 .134 @COUNTY HOSPITAL TOTAL .00 .00 .000 \$.00 \$. 00 .00 .00 .000 . 00 CO HOSPITAL INPATIENT TOTAL .00 .00 .000 .00 HSC HOSPITALS .00 .00 .00 .00 NON-HSC HOSPITALS TOTAL .000 .00 ACCOMMODATIONS .00 .00 .000 . 00 .00

| ADMINISTRATIVE DAYS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
|----------------------------|------------------------|-----------------|----------------------|-------------|-------------|----------|------------|
| TRANSITIONAL IP CARE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER ACCOM | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ANCILLARIES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| INPATIENT CROSSOVERS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER INPATIENT | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| CO HOSP OUTPATIENT TOTAL | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| MEDICAL | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| SURGERY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PATHOLOGY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| RADIOLOGY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ROOM USE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| CROSSOVERS/ALL OTH OUTPINT | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| #CALIF DEPT OF HEALTH SERV | MEDI-CAL SERVICES AN | ND EXPENDITURES | MONTH-OF-PAYMENT REF | ORT FOR JAN | 2004 THRU I | DEC 2004 | PAGE 1,167 |
| MOP024 | FEE-FOR-SERVICE/DENT | ΓAL | | | | | 03/14/05 |
| DIFFER COTTON | CIDALIDII OF OFFITTORO | TOD 1/T3 000 | moma r | | | | |

BUTTE COUNTY SUMMARY OF SERVICES FOR MIA - SOC - TOTAL

| | | | | | | M | INC | THLY AVERA | GE | |
|-----------------------------|-------|------------------|------------------|-----|-----------|-----------|-----|------------|----|----------|
| 82 ELIGIBLES | USERS | UNITS OF SERVICE | EXPENDITURES | AVE | RAGE COST | UNITS/DAY | S | COST PER | | COST PER |
| | | OR DAYS OF CARE | | PER | UNIT/DAY | PER ELIG | | USER | | ELIGIBLE |
| @COMMUNITY HOSPITAL TOTAL | 34 | 163 | \$ 13,607.46 | \$ | 83.48 | 1.988 | \$ | 400.22 | \$ | 165.94 |
| COMM HOSP INPATIENT TOTAL | 1 | 8 | 8,243.35 | 1 | 1030.42 | .098 | | 8243.35 | | 100.53 |
| HSC HOSPITALS | 0 | 0 | .00 | | .00 | .000 | | .00 | | .00 |
| NON-HSC HOSPITALS TOTAL | 1 | 8 | 8,243.35 | 1 | 1030.42 | .098 | | 8243.35 | | 100.53 |
| ACCOMMODATIONS | 1 | 8 | 3,909.22 | | 488.65 | .098 | | 3909.22 | | 47.67 |
| ADMINISTRATIVE DAYS | 0 | 0 | .00 | | .00 | .000 | | .00 | | .00 |
| TRANSITIONAL IP CARE | 0 | 0 | .00 | | .00 | .000 | | .00 | | .00 |
| ALL OTHER ACCOM | 1 | 8 | 3,909.22 | | 488.65 | .098 | | 3909.22 | | 47.67 |
| ANCILLARIES | 1 | 0 | 4,334.13 | | .00 | .000 | | 4334.13 | | 52.86 |
| INPATIENT CROSSOVERS | 0 | 0 | .00 | | .00 | .000 | | .00 | | .00 |
| ALL OTHER INPATIENT | 0 | 0 | .00 | | .00 | .000 | | .00 | | .00 |
| COMM HOSP OUTPATIENT TOTAL | 34 | 155 | 5,364.11 | | 34.61 | 1.890 | | 157.77 | | 65.42 |
| MEDICAL | 12 | 19 | 1,194.30 | | 62.86 | .232 | | 99.53 | | 14.56 |
| SURGERY | 1 | 1 | 77.19 | | 77.19 | .012 | | 77.19 | | .94 |
| PATHOLOGY | 21 | 91 | 1,007.34 | | 11.07 | 1.110 | | 47.97 | | 12.28 |
| RADIOLOGY | 7 | 21 | 2,411.35 | | 114.83 | .256 | | 344.48 | | 29.41 |
| ROOM USE | 8 | 12 | 504.18 | | 42.02 | .146 | | 63.02 | | 6.15 |
| CROSSOVERS/ALL OTH OUTPINT | 6 | 11 | 169.75 | | 15.43 | .134 | | 28.29 | | 2.07 |
| @STATE HOSPITAL | 0 | 0 | \$.00 | \$ | .00 | .000 | \$ | .00 | \$ | .00 |
| MENTALLY ILL | 0 | 0 | .00 | | .00 | .000 | | .00 | | .00 |
| DEVELOP. DISABLED | 0 | 0 | .00 | | .00 | .000 | | .00 | | .00 |
| @NURSING FACILITY | 35 | 1,003 | \$ 120,304.22 | \$ | 119.94 | 12.232 | \$ | 3437.26 | \$ | 1467.12 |
| LEV A-INTERMEDIATE | 0 | 0 | .00 | | .00 | .000 | | .00 | | .00 |
| LEV B-REHAB MD | 0 | 0 | .00 | | .00 | .000 | | .00 | | .00 |
| LEV B-SUBACUTE FREESTANDING | 0 | 0 | .00 | | .00 | .000 | | .00 | | .00 |
| LEV B-SUBACUTE HSPTL BASED | 2 | 48 | 26,551.20 | | 553.15 | .585 | | 13275.60 | | 323.80 |
| LEV B-TRANSITIONAL IP CARE | 0 | 0 | .00 | | .00 | .000 | | .00 | | .00 |
| LEV B-REGULAR | 33 | 955 | 93,753.02 | | 98.17 | 11.646 | | 2841.00 | | 1143.33 |
| @INTERMEDIATE CARE FACILDD | 0 | 0 | \$.00 | \$ | .00 | .000 | \$ | .00 | \$ | .00 |
| ICF DDH | 0 | 0 | .00 | | .00 | .000 | | .00 | | .00 |
| ICF DD | 0 | 0 | .00 | | .00 | .000 | | .00 | | .00 |
| ICF DDN/DDCN | 0 | 0 | .00 | | .00 | .000 | | .00 | | .00 |
| @HEMODIALYSIS TOTAL | 12 | 905 | \$ 40,232.76 | \$ | 44.46 | 11.037 | \$ | 3352.73 | \$ | 490.64 |
| HOSPITAL BASED | 0 | 0 | .00 | | .00 | .000 | | .00 | | .00 |
| HEMODIALYSIS CENTER | 12 | 905 | 40,232.76 | | 44.46 | 11.037 | | 3352.73 | | 490.64 |
| @REHABILITATION FACILITY | 2 | 45 | \$ 1,184.04 | \$ | 26.31 | .549 | \$ | 592.02 | \$ | 14.44 |
| HOSPITAL BASED | 2 | 45 | 1,184.04 | | 26.31 | .549 | | 592.02 | | 14.44 |

| INDEPENDENT FACILITY | 0 | 0 | .00 | | .00 | .000 | .00 | | .00 |
|------------------------------|----------------------|-----------------|------------------|--------|---------|-----------|--------------|-----|----------|
| @LABORATORY FACILITY | 18 | 77 \$ | 1,288.98 | \$ | 16.74 | .939 | \$ 71.61 | \$ | 15.72 |
| PATHOLOGY | 18 | 77 | 1,288.98 | | 16.74 | .939 | 71.61 | | 15.72 |
| XO AND OTHERS | 0 | 0 | .00 | | .00 | .000 | .00 | | .00 |
| @ORGANIZED OUTPATIENT CLINIC | 24 | 53 \$ | 6,505.39 | \$ | 122.74 | .646 | \$ 271.06 | \$ | 79.33 |
| CLINIC | 1 | 2 | 380.38 | | 190.19 | .024 | 380.38 | | 4.64 |
| SURGICENTER | 0 | 0 | .00 | | .00 | .000 | .00 | | .00 |
| HEROIN DETOX CLINIC | 0 | 0 | .00 | | .00 | .000 | .00 | | .00 |
| RURAL HEALTH CLINIC | 23 | 51 | 6,125.01 | | 120.10 | .622 | 266.30 | | 74.70 |
| #CALIF DEPT OF HEALTH SERV | MEDI-CAL SERVICES AN | ND EXPENDITURES | MONTH-OF-PAYMENT | REPORT | FOR JAN | 2004 THRU | DEC 2004 | PAC | GE 1,168 |
| MOP024 | FEE-FOR-SERVICE/DENT | ΓAL | | | | | | | 03/14/05 |
| BUTTE COUNTY | SUMMARY OF SERVICES | FOR MIA - SOC | C - TOTAL | | | | | | |
| | | | | | | M | ONTHLY AVERA | GE | |

| | | | | | | M | MIULL AVER | AGE | |
|--------------------------------|-------|------------------|--------------------------|---------|-------|------------|------------|-----|----------|
| 82 ELIGIBLES | USERS | UNITS OF SERVICE | EXPENDITURES | AVERAGE | COST | UNITS/DAYS | COST PER | | COST PER |
| | | OR DAYS OF CARE | | PER UNI | r/day | PER ELIG | USER | | ELIGIBLE |
| @ALL OTHER PROVIDERS | 43 | 4,691 | \$ 29 , 860.07 | \$ 6 | .37 | 57.207 | \$ 694.42 | \$ | 364.15 |
| DURABLE MED. EQUIP. | 2 | 2 | 107.63 | 53 | .82 | .024 | 53.82 | | 1.31 |
| BLOOD BANK | 0 | 0 | .00 | | .00 | .000 | .00 | | .00 |
| HEARING AID DISPENSERS | 0 | 0 | .00 | | .00 | .000 | .00 | | .00 |
| MEDICAL TRANSPORTATION | 35 | 1,593 | 10,652.41 | 6 | .69 | 19.427 | 304.35 | | 129.91 |
| AMBULANCES/AIR TRANS | 13 | 266 | 2,155.16 | 8 | .10 | 3.244 | 165.78 | | 26.28 |
| OTHER TRANS | 28 | 1,326 | 8,485.39 | 6 | .40 | 16.171 | 303.05 | | 103.48 |
| OTHER SERVICES | 1 | 1 | 11.86 | 11 | .86 | .012 | 11.86 | | .14 |
| ACUPUNCTURE | 0 | 0 | .00 | | .00 | .000 | .00 | | .00 |
| ADULT DAY HEALTH CARE CTR | 0 | 0 | .00 | | .00 | .000 | .00 | | .00 |
| GENETIC DISEASE TESTING | 0 | 0 | .00 | | .00 | .000 | .00 | | .00 |
| IHMC, MODEL-NF, NF, AIDS, MSSP | 0 | 0 | .00 | | .00 | .000 | .00 | | .00 |
| OCCUPATIONAL THERAPIST | 0 | 0 | .00 | | .00 | .000 | .00 | | .00 |
| OPTICIAN | 0 | 0 | .00 | | .00 | .000 | .00 | | .00 |
| PHYSICAL THERAPIST | 0 | 0 | .00 | | .00 | .000 | .00 | | .00 |
| PORTABLE X-RAY | 1 | 2 | 60.26 | 30 | .13 | .024 | 60.26 | | .73 |
| PROSTHETIST/ORTHOTISTS | 1 | 1 | 332.00 | 332 | .00 | .012 | 332.00 | | 4.05 |
| PROSTHETICS | 1 | 1 | 332.00 | 332 | .00 | .012 | 332.00 | | 4.05 |
| ORTHOTICS | 0 | 0 | .00 | | .00 | .000 | .00 | | .00 |
| PSYCHOLOGIST | 0 | 0 | .00 | | .00 | .000 | .00 | | .00 |
| SPEECH AND AUDIOLOGY | 0 | 0 | .00 | | .00 | .000 | .00 | | .00 |
| HOSPICE SERVICES | 4 | 143 | 16,772.35 | 117 | .29 | 1.744 | 4193.09 | | 204.54 |
| NONINST BIRTHING CENTERS | 0 | 0 | .00 | | .00 | .000 | .00 | | .00 |
| LOCAL EDUCATION AGENCIES | 0 | 0 | .00 | | .00 | .000 | .00 | | .00 |
| EPSDT SUPPLEMENTAL SERVICE | 0 | 0 | .00 | | .00 | .000 | .00 | | .00 |
| RESPIRATORY CARE PRACT. | 0 | 0 | .00 | | .00 | .000 | .00 | | .00 |
| PED SUBACUTE REHAB/WEANING | 0 | 0 | .00 | | .00 | .000 | .00 | | .00 |
| ALL OTHER PROVIDERS | 9 | 2,950 | 1,935.42 | | .66 | 35.976 | 215.05 | | 23.60 |
| @CALIF. CHILDREN SERVICES* | 0 | 0 | \$.00 | \$ | .00 | .000 | \$.00 | \$ | .00 |
| @XOVER EXCLUDING STATE HOSP** | 0 | 0 | \$.00 | \$ | .00 | .000 | \$.00 | \$ | .00 |

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 1,169
MOP024 FEE-FOR-SERVICE/DENTAL
BUTTE COUNTY SUMMARY OF SERVICES FOR FOR FUTURE USE

| | | | | | | | MC | NTHLY AVER | AGE | |
|-----------------------|-------|------------------|----|--------------|------|----------|------------|------------|-----|----------|
| 00 ELIGIBLES | USERS | UNITS OF SERVICE | Ε | EXPENDITURES | AVER | AGE COST | UNITS/DAYS | COST PER | | COST PER |
| | | OR DAYS OF CAR | Ε | | PER | UNIT/DAY | PER ELIG | USER | | ELIGIBLE |
| @TOTAL, ALL PROVIDERS | 0 | 0 | \$ | .00 | \$ | .00 | .000 | \$.00 | \$ | .00 |
| @PHYSICIANS SERVICES | 0 | 0 | \$ | .00 | \$ | .00 | .000 | \$.00 | \$ | .00 |

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

| OUTPATIENT VISITS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
|----------------------------|---|------|--------|-----|---------|--------|-----|
| OFFICE VISITS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| HOME VISITS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| EMERGENCY ROOM | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PREVENTIVE CARE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OB VISITS/COMPRE PERI | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OTHER OUTPATIENT | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| INPATIENT VISITS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| HOSPITAL VISITS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| CRITICAL CARE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| SNF/ICF/TRANS IP CARE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OPHTHALMOLOGICAL SERVICES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| EXAMINATIONS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| SERVICES AND MATERIALS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| INPATIENT HOSPITAL SURGERY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PRINCIPAL SURGEON | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ASSISTANT SURGEON | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ANESTHESIOLOGIST | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OUTPATIENT SURGERY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PRINCIPAL SURGEON | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ASSISTANT SURGEON | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ANESTHESIOLOGIST | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| DIALYSIS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PATHOLOGY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| RADIOLOGY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PSYCHIATRY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| IMMUNIZATION AND INJECTION | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OTHER SERVICES/ALL X-OVERS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| @PHARMACY | 0 | 0 \$ | .00 \$ | .00 | .000 \$ | .00 \$ | .00 |
| PRESCRIPTION DRUGS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| SNF/ICF | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OUTPATIENTS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| | | | | | | | |

| MEDICAL SUPPLIES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
|----------------------------|----------------------|-----------------|--------------------|----------------|-----------|--------------|------------|
| @DENTIST | 0 | 0 \$ | .00 | \$.00 | .000 | \$.00 | \$.00 |
| VISITS - DIAGNOSTIC | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ORAL SURGERY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| DRUGS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ANESTHESIA | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PERIODONTICS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ENDODONTICS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| RESTORATIVE DENTISTRY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PROSTHETICS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| DENTURES, STAYPLATES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| SPACE MAINTAINERS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| MAXILLOFACIAL SERVICES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| FRACTURES, DISLOCATIONS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ORTHODONTIC SERVICES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER SERVICES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| #CALIF DEPT OF HEALTH SERV | MEDI-CAL SERVICES AN | ID EXPENDITURES | MONTH-OF-PAYMENT F | REPORT FOR JAN | 2004 THRU | DEC 2004 | PAGE 1,170 |
| MOP024 | FEE-FOR-SERVICE/DENT | 'AL | | | | | 03/14/05 |
| BUTTE COUNTY | SUMMARY OF SERVICES | FOR FOR FUTURE | E USE | | | | |
| | | | | | M | ONTHLY AVERA | GE |

| | | | | | | MC | VA YLHTNO | ERAC | ΞE | |
|------------------------------|-------|------------------|----|--------------|-------------|--------------|-----------|------|----|----------|
| 00 ELIGIBLES | USERS | UNITS OF SERVICE | | EXPENDITURES | AVERAGE COS | T UNITS/DAYS | COST E | ER | | COST PER |
| | | OR DAYS OF CARE | 1 | | PER UNIT/DA | Y PER ELIG | USEF | | | ELIGIBLE |
| @OPTOMETRIST | 0 | 0 | \$ | .00 | \$.00 | .000 | \$. | 00 | \$ | .00 |
| DIAGNOSTIC AND ANC. PROCED | 0 | 0 | | .00 | .00 | .000 | | 00 | | .00 |
| EYE APPLIANCES | 0 | 0 | | .00 | .00 | .000 | | 00 | | .00 |
| OTHER OPTOMETRIC SERVICES | 0 | 0 | | .00 | .00 | .000 | | 00 | | .00 |
| @CHIROPRACTOR | 0 | 0 | \$ | .00 | \$.00 | .000 | \$. | 00 | \$ | .00 |
| VISITS | 0 | 0 | | .00 | .00 | .000 | | 00 | | .00 |
| OTHER SERVICES | 0 | 0 | | .00 | .00 | .000 | | 00 | | .00 |
| @PODIATRIST | 0 | 0 | \$ | .00 | \$.00 | .000 | \$. | 00 | \$ | .00 |
| MEDICINE/INJECTIONS | 0 | 0 | | .00 | .00 | .000 | | 00 | | .00 |
| SURGERY/ANES. | 0 | 0 | | .00 | .00 | .000 | | 00 | | .00 |
| RADIO./PATHOLOGY | 0 | 0 | | .00 | .00 | .000 | | 00 | | .00 |
| OTHER | 0 | 0 | | .00 | .00 | .000 | | 00 | | .00 |
| @HOME HEALTH AGENCY | 0 | 0 | \$ | .00 | \$.00 | .000 | \$. | 00 | \$ | .00 |
| NURSE ANESTHESIST | 0 | 0 | \$ | .00 | \$.00 | .000 | \$. | 00 | \$ | .00 |
| NURSE MIDWIFE | 0 | 0 | \$ | .00 | \$.00 | .000 | \$. | 00 | \$ | .00 |
| PEDIATRIC NURSE PRACTITIONER | 0 | 0 | \$ | .00 | \$.00 | .000 | \$. | 00 | \$ | .00 |
| FAMILY NURSE PRACTITIONER | 0 | 0 | \$ | .00 | \$.00 | .000 | \$. | 00 | \$ | .00 |
| @TOTAL HOSPITAL | 0 | 0 | \$ | .00 | \$.00 | .000 | \$. | 00 | \$ | .00 |
| HOSP INPATIENT TOTAL | 0 | 0 | | .00 | .00 | .000 | | 00 | | .00 |
| HSC HOSPITALS | 0 | 0 | | .00 | .00 | .000 | | 00 | | .00 |
| NON-HSC HOSPITAL TOTAL | 0 | 0 | | .00 | .00 | .000 | | 00 | | .00 |
| ACCOMMODATIONS | 0 | 0 | | .00 | .00 | .000 | | 00 | | .00 |
| ADMINISTRATIVE DAYS | 0 | 0 | | .00 | .00 | .000 | | 00 | | .00 |
| TRANSITIONAL IP CARE | 0 | 0 | | .00 | .00 | .000 | | 00 | | .00 |
| ALL OTHER ACCOM | 0 | 0 | | .00 | .00 | .000 | | 00 | | .00 |
| ANCILLARIES | 0 | 0 | | .00 | .00 | .000 | | 00 | | .00 |
| INPATIENT CROSSOVERS | 0 | 0 | | .00 | .00 | .000 | | 00 | | .00 |
| ALL OTHER INPATIENT | 0 | 0 | | .00 | .00 | .000 | | 00 | | .00 |
| HOSP OUTPATIENT TOTAL | 0 | 0 | | .00 | .00 | .000 | | 00 | | .00 |
| MEDICAL | 0 | 0 | | .00 | .00 | .000 | | 00 | | .00 |
| SURGERY | 0 | 0 | | .00 | .00 | .000 | | 00 | | .00 |
| PATHOLOGY | 0 | 0 | | .00 | .00 | .000 | | 00 | | .00 |
| RADIOLOGY | 0 | 0 | | .00 | .00 | .000 | | 00 | | .00 |
| ROOM USE | 0 | 0 | | .00 | .00 | .000 | | 00 | | .00 |

| CROSSOVERS/ALL OTH OUTPTNT | 0 | 0 | .00 |) | .00 | .000 | .00 | | .00 |
|-----------------------------|--------------------------|------------|------------------|--------|-------------|---------|----------------|------|-------|
| @COUNTY HOSPITAL TOTAL | 0 | 0 \$ | .00 |) \$ | .00 | .000 | \$.00 | \$ | .00 |
| CO HOSPITAL INPATIENT TOTAL | 0 | 0 | .00 |) | .00 | .000 | .00 | | .00 |
| HSC HOSPITALS | 0 | 0 | .00 |) | .00 | .000 | .00 | | .00 |
| NON-HSC HOSPITALS TOTAL | 0 | 0 | .00 |) | .00 | .000 | .00 | | .00 |
| ACCOMMODATIONS | 0 | 0 | .00 | | .00 | .000 | .00 | | .00 |
| ADMINISTRATIVE DAYS | 0 | 0 | .00 | | .00 | .000 | .00 | | .00 |
| TRANSITIONAL IP CARE | 0 | 0 | .00 | | .00 | .000 | .00 | | .00 |
| ALL OTHER ACCOM | 0 | 0 | .00 | | .00 | .000 | .00 | | .00 |
| ANCILLARIES | 0 | 0 | .00 | | .00 | .000 | .00 | | .00 |
| INPATIENT CROSSOVERS | 0 | 0 | .00 | | .00 | .000 | .00 | | .00 |
| ALL OTHER INPATIENT | 0 | 0 | .00 | | .00 | .000 | .00 | | .00 |
| CO HOSP OUTPATIENT TOTAL | 0 | 0 | .00 | | .00 | .000 | .00 | | .00 |
| MEDICAL | 0 | 0 | .00 | | .00 | .000 | .00 | | .00 |
| SURGERY | 0 | 0 | .00 | | .00 | .000 | .00 | | .00 |
| PATHOLOGY | 0 | 0 | .00 | | .00 | .000 | .00 | | .00 |
| RADIOLOGY | 0 | 0 | .00 | | .00 | .000 | .00 | | .00 |
| | 0 | 0 | | | | | | | |
| ROOM USE | U | 0 | .00 | | .00 | .000 | .00 | | .00 |
| CROSSOVERS/ALL OTH OUTPTNT | Ü | 0 | .00 | | .00 | .000 | .00 | | .00 |
| #CALIF DEPT OF HEALTH SERV | MEDI-CAL SERVICES AND EX | PENDITURES | MONTH-OF-PAYMENT | REPORT | FOR JAN 200 |)4 THRU | DEC 2004 | PAGE | 1,171 |
| MOP024 | FEE-FOR-SERVICE/DENTAL | | | | | | | 03/ | 14/05 |
| BUTTE COUNTY | SUMMARY OF SERVICES FOR | FOR FUTURE | E USE | | | | | | |
| | | | | | | N | MONTHLY AVERAG | E | |

| | | | | | | MON | THLY AVERA | jE: |
|-----------------------------|-------|-----------------|----|--------------|--------------|------------|------------|----------|
| 00 ELIGIBLES | USERS | UNITS OF SERVIC | E | EXPENDITURES | AVERAGE COST | UNITS/DAYS | COST PER | COST PER |
| | | OR DAYS OF CAR | E | | PER UNIT/DAY | PER ELIG | USER | ELIGIBLE |
| @COMMUNITY HOSPITAL TOTAL | 0 | 0 | \$ | .00 | \$.00 | .000 \$ | .00 | \$.00 |
| COMM HOSP INPATIENT TOTAL | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| HSC HOSPITALS | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| NON-HSC HOSPITALS TOTAL | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| ACCOMMODATIONS | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| ADMINISTRATIVE DAYS | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| TRANSITIONAL IP CARE | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER ACCOM | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| ANCILLARIES | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| INPATIENT CROSSOVERS | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER INPATIENT | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| COMM HOSP OUTPATIENT TOTAL | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| MEDICAL | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| SURGERY | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| PATHOLOGY | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| RADIOLOGY | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| ROOM USE | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| CROSSOVERS/ALL OTH OUTPTNT | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| @STATE HOSPITAL | 0 | 0 | \$ | .00 | \$.00 | .000 \$ | .00 | \$.00 |
| MENTALLY ILL | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| DEVELOP. DISABLED | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| @NURSING FACILITY | 0 | 0 | \$ | .00 | \$.00 | .000 \$ | .00 | \$.00 |
| LEV A-INTERMEDIATE | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| LEV B-REHAB MD | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| LEV B-SUBACUTE FREESTANDING | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| LEV B-SUBACUTE HSPTL BASED | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| LEV B-TRANSITIONAL IP CARE | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| LEV B-REGULAR | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| @INTERMEDIATE CARE FACILDD | 0 | 0 | \$ | .00 | \$.00 | .000 \$ | .00 | \$.00 |
| ICF DDH | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| ICF DD | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| | | | | | | | | |

| ICF DDN/DDCN | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
|------------------------------|-----------------------|-------------|-------------|--------------|--------|------------|---------|-----|------|------|---------|
| @HEMODIALYSIS TOTAL | 0 | 0 | \$ | .00 | \$ | .00 | .000 | \$ | .00 | \$ | .00 |
| HOSPITAL BASED | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| HEMODIALYSIS CENTER | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| @REHABILITATION FACILITY | 0 | 0 | \$ | .00 | \$ | .00 | .000 | \$ | .00 | \$ | .00 |
| HOSPITAL BASED | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| INDEPENDENT FACILITY | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| @LABORATORY FACILITY | 0 | 0 | \$ | .00 | \$ | .00 | .000 | \$ | .00 | \$ | .00 |
| PATHOLOGY | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| XO AND OTHERS | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| @ORGANIZED OUTPATIENT CLINIC | 0 | 0 | \$ | .00 | \$ | .00 | .000 | \$ | .00 | \$ | .00 |
| CLINIC | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| SURGICENTER | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| HEROIN DETOX CLINIC | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| RURAL HEALTH CLINIC | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| #CALIF DEPT OF HEALTH SERV | MEDI-CAL SERVICES AND | EXPENDITURE | ES MONTH-OF | F-PAYMENT RE | PORT F | OR JAN 200 |)4 THRU | DEC | 2004 | PAGE | 1,172 |
| MOP024 | FEE-FOR-SERVICE/DENTA | | | | | | | | | 0.3 | 3/14/05 |
| BUTTE COUNTY | SUMMARY OF SERVICES F | OR FOR FUTU | JRE USE | | | | | | | | |

| | | | | | | TLI AVENAGE | |
|--------------------------------|-------|------------------|--------------|--------------|------------|-------------|----------|
| 00 ELIGIBLES | USERS | UNITS OF SERVICE | EXPENDITURES | AVERAGE COST | UNITS/DAYS | COST PER | COST PER |
| | | OR DAYS OF CARE | | PER UNIT/DAY | PER ELIG | USER | ELIGIBLE |
| @ALL OTHER PROVIDERS | 0 | 0 \$ | .00 | \$.00 | .000 \$ | .00 \$ | .00 |
| DURABLE MED. EQUIP. | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| BLOOD BANK | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| HEARING AID DISPENSERS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| MEDICAL TRANSPORTATION | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| AMBULANCES/AIR TRANS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OTHER TRANS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OTHER SERVICES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ACUPUNCTURE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ADULT DAY HEALTH CARE CTR | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| GENETIC DISEASE TESTING | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| IHMC, MODEL-NF, NF, AIDS, MSSP | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OCCUPATIONAL THERAPIST | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OPTICIAN | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PHYSICAL THERAPIST | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PORTABLE X-RAY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PROSTHETIST/ORTHOTISTS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PROSTHETICS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ORTHOTICS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PSYCHOLOGIST | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| SPEECH AND AUDIOLOGY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| HOSPICE SERVICES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| NONINST BIRTHING CENTERS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| LOCAL EDUCATION AGENCIES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| EPSDT SUPPLEMENTAL SERVICE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| RESPIRATORY CARE PRACT. | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PED SUBACUTE REHAB/WEANING | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER PROVIDERS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| @CALIF. CHILDREN SERVICES* | 0 | 0 \$ | .00 | \$.00 | .000 \$ | .00 \$ | .00 |
| @XOVER EXCLUDING STATE HOSP** | 0 | 0 \$ | .00 | \$.00 | .000 \$ | .00 \$ | .00 |

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

----- MONTHLY AVERAGE -----

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

[#]CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 MOP024 FEE-FOR-SERVICE/DENTAL

MOP024

| | | | | | MONT | HLY AVERAC | E |
|----------------------------|-------------------|-------------------------|--------------------|-----------------|---------------|------------|------------|
| 522 ELIGIBLES | USERS | UNITS OF SERVICE | EXPENDITURES | AVERAGE COST | UNITS/DAYS | COST PER | COST PER |
| | | OR DAYS OF CARE | | PER UNIT/DAY | PER ELIG | USER | ELIGIBLE |
| @TOTAL, ALL PROVIDERS | 829 294 117 | 12,231 \$ | 603,215.58 | \$ 49.32 | 23.431 \$ | | \$ 1155.59 |
| @PHYSICIANS SERVICES | 294 | 828 \$ | 57 , 371.96 | \$ 69.29 | 1.586 \$ | 195.14 | |
| OUTPATIENT VISITS | 117 | 163 | 13,066.97 | 80.17 | .312 | 111.68 | 25.03 |
| OFFICE VISITS | 40 | 44 | 2,381.51 | 54.13 | .084 | 59.54 | 4.56 |
| HOME VISITS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| EMERGENCY ROOM | 20 | 25 | 1,328.84 | 53.15 | .048 | 66.44 | 2.55 |
| PREVENTIVE CARE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OB VISITS/COMPRE PERI | 68 | 92 | 9,322.94 | 101.34 | .176 | 137.10 | 17.86 |
| OTHER OUTPATIENT | 2 | 2 | 33.68 | 16.84 | .004 | 16.84 | .06 |
| INPATIENT VISITS | 44 | 109 | 5,335.02 | 48.95 | .209 | 121.25 | 10.22 |
| HOSPITAL VISITS | 31 | 74 | 3,269.83 | 44.19 | .142 | 105.48 | 6.26 |
| CRITICAL CARE | 2 | 10 | 1,241.91 | 124.19 | .019 | 620.96 | 2.38 |
| SNF/ICF/TRANS IP CARE | 12 | 25 | 823.28 | 32.93 | .048 | 68.61 | 1.58 |
| OPHTHALMOLOGICAL SERVICES | 2 | 2 | 115.58 | 57.79 | .004 | 57.79 | .22 |
| EXAMINATIONS | 2 | 2 | 115.58 | 57.79 | .004 | 57.79 | .22 |
| SERVICES AND MATERIALS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| INPATIENT HOSPITAL SURGERY | 32 | 209 | 23,049.73 | 110.29 | .400 | 720.30 | 44.16 |
| PRINCIPAL SURGEON | 23 | 24 | 20,110.61 | 837.94 | .046 | 874.37 | 38.53 |
| ASSISTANT SURGEON | 3 | 3 | 466.08 | 155.36 | .006 | 155.36 | .89 |
| ANESTHESIOLOGIST | 14 | 182 | 2,473.04 | 13.59 | .349 | 176.65 | 4.74 |
| OUTPATIENT SURGERY | 25 | 51 | 2,653.97 | 52.04 | .098 | 106.16 | 5.08 |
| PRINCIPAL SURGEON | 23 | 28 | 2,308.71 | 82.45 | .054 | 100.38 | 4.42 |
| ASSISTANT SURGEON | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ANESTHESIOLOGIST | 4 | 23 | 345.26 | 15.01 | .044 | 86.32 | .66 |
| DIALYSIS | 11 24 | 43 | 2,590.44 | 60.24 | .082 | 235.49 | 4.96 |
| PATHOLOGY | 24 | 35 | 1,069.20 | 30.55 | .067 | 44.55 | 2.05 |
| RADIOLOGY | 109 | 162 | 7,491.30 | 46.24 | .310 | 68.73 | 14.35 |
| PSYCHIATRY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| IMMUNIZATION AND INJECTION | 5 | 8 | 111.91 | 13.99 | .015 | 22.38 | .21 |
| OTHER SERVICES/ALL X-OVERS | 25 | 46 | 1,887.84 | 41.04 | .088 | 75.51 | 3.62 |
| @PHARMACY | 277 | 904 \$ | 38,623.01 | \$ 42.72 | 1.732 \$ | 139.43 | \$ 73.99 |
| PRESCRIPTION DRUGS | 265 | 864 | 36,112.62 | 41.80 | 1.655 | 136.27 | 69.18 |
| SNF/ICF | 48 | 400 | 22,928.26 | 57.32 | .766 | 477.67 | 43.92 |
| OUTPATIENTS | 218 | 464 | 13,184.36 | 28.41 | .889 | 60.48 | 25.26 |
| MEDICAL SUPPLIES | 23 | 40 | 2,510.39 | 62.76 | .077 | 109.15 | 4.81 |
| @DENTIST | 14 | 81 \$ | 1,947.00 | \$ 24.04 | .155 \$ | 139.07 | |
| VISITS - DIAGNOSTIC | 14 | 65 | 690.00 | 10.62 | .125 | 49.29 | 1.32 |
| ORAL SURGERY | 2 | 2 | 130.00 | 65.00 | .004 | 65.00 | .25 |
| DRUGS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ANESTHESIA | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PERIODONTICS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ENDODONTICS | 2 | 2 | 518.00 | 259.00 | .004 | 259.00 | .99 |
| RESTORATIVE DENTISTRY | 5 | 12 | 609.00 | 50.75 | .023 | 121.80 | 1.17 |
| PROSTHETICS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| DENTURES, STAYPLATES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| SPACE MAINTAINERS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| MAXILLOFACIAL SERVICES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| FRACTURES, DISLOCATIONS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ORTHODONTIC SERVICES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER SERVICES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| #CALIF DEPT OF HEALTH SERV | MEDI-CAL SERVI | CES AND EXPENDITURES MO | NTH-OF-PAYMENT RE | EPORT FOR JAN 2 | 2004 THRU DEC | 2004 | PAGE 1,174 |

FEE-FOR-SERVICE/DENTAL

03/14/05

| DOTTE COONTI | SOMMAN OF SERV | /ICED FOR | HEDICALL | II INDI | GENI ADOLIS | 10. | ГЛП | | | | ~- | |
|------------------------------|----------------|-----------|----------------|---------|--------------|-----|------------|------------|----|-----------|-----|----------|
| | | | | | | | | | | HLY AVERA | GE. | |
| 522 ELIGIBLES | USERS | UNITS OF | - | | EXPENDITURES | | | UNITS/DAY: | S | COST PER | | COST PER |
| | | OR DAYS | | | | PEI | R UNIT/DAY | PER ELIG | | USER | | ELIGIBLE |
| @OPTOMETRIST | 10 | | 29 | \$ | 686.30 | \$ | 23.67 | .056 | \$ | 68.63 | \$ | 1.31 |
| DIAGNOSTIC AND ANC. PROCED | 8 | | 8 | | 355.57 | | 44.45 | .015 | | 44.45 | | .68 |
| EYE APPLIANCES | 7 | | 21 | | 330.73 | | 15.75 | .040 | | 47.25 | | .63 |
| OTHER OPTOMETRIC SERVICES | 0 | | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| @CHIROPRACTOR | 0 | | 0 | \$ | .00 | \$ | .00 | .000 | \$ | .00 | \$ | .00 |
| VISITS | 0 | | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| OTHER SERVICES | 0 | | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| @PODIATRIST | 0 | | 0 | \$ | .00 | \$ | .00 | .000 | \$ | .00 | \$ | .00 |
| MEDICINE/INJECTIONS | 0 | | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| SURGERY/ANES. | 0 | | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| RADIO./PATHOLOGY | 0 | | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| OTHER | 0 | | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| @HOME HEALTH AGENCY | 12 | | 32 | \$ | 2,065.69 | \$ | 64.55 | .061 | \$ | 172.14 | \$ | 3.96 |
| NURSE ANESTHESIST | 1 | | 12 | \$ | 138.49 | \$ | 11.54 | .023 | \$ | 138.49 | \$ | .27 |
| NURSE MIDWIFE | 129 | | 1 , 055 | \$ | 17,092.11 | \$ | 16.20 | 2.021 | \$ | 132.50 | \$ | 32.74 |
| PEDIATRIC NURSE PRACTITIONER | 0 | | 0 | \$ | .00 | \$ | .00 | .000 | \$ | .00 | \$ | .00 |
| FAMILY NURSE PRACTITIONER | 0 | | 0 | \$ | .00 | \$ | .00 | .000 | \$ | .00 | \$ | .00 |
| @TOTAL HOSPITAL | 321 | | 1 , 379 | \$ | 241,117.59 | \$ | 174.85 | 2.642 | \$ | 751.15 | \$ | 461.91 |
| HOSP INPATIENT TOTAL | 46 | | 182 | | 205,954.13 | | 1131.62 | .349 | | 4477.26 | | 394.55 |
| HSC HOSPITALS | 5 | | 34 | | 59,360.00 | | 1745.88 | .065 | | 11872.00 | | 113.72 |
| NON-HSC HOSPITAL TOTAL | 41 | | 148 | | 146,594.13 | | 990.50 | .284 | | 3575.47 | | 280.83 |
| ACCOMMODATIONS | 41 | | 148 | | 55,903.39 | | 377.73 | .284 | | 1363.50 | | 107.09 |
| ADMINISTRATIVE DAYS | 0 | | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| TRANSITIONAL IP CARE | 0 | | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| ALL OTHER ACCOM | 41 | | 148 | | 55,903.39 | | 377.73 | .284 | | 1363.50 | | 107.09 |
| ANCILLARIES | 41 | | 0 | | 90,690.74 | | .00 | .000 | | 2211.97 | | 173.74 |
| INPATIENT CROSSOVERS | 0 | | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| ALL OTHER INPATIENT | 0 | | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| | | | | | | | | | | | | |

| HOSP OUTPATIENT TOTAL | 301 | 1,197 | | 35,163.46 | | 29.38 | 2.293 | | 116.82 | | 67.36 |
|-----------------------------|-----------------------|------------|-----|---------------------|-------|-----------|-----------|-----|--------|----|----------|
| MEDICAL | 60 | 92 | | 5,204.90 | | 56.58 | .176 | | 86.75 | | 9.97 |
| SURGERY | 24 | 31 | | 1,635.59 | | 52.76 | .059 | | 68.15 | | 3.13 |
| PATHOLOGY | 186 | 639 | | 10,515.19 | | 16.46 | 1.224 | | 56.53 | | 20.14 |
| RADIOLOGY | 73 | 96 | | 7,920.55 | | 82.51 | .184 | | 108.50 | | 15.17 |
| ROOM USE | 117 | 173 | | 7,074.76 | | 40.89 | .331 | | 60.47 | | 13.55 |
| CROSSOVERS/ALL OTH OUTPINT | 68 | 166 | | 2,812.47 | | 16.94 | .318 | | 41.36 | | 5.39 |
| @COUNTY HOSPITAL TOTAL | 1 | 17 | \$ | 904.19 | \$ | 53.19 | .033 | \$ | 904.19 | \$ | 1.73 |
| CO HOSPITAL INPATIENT TOTAL | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| HSC HOSPITALS | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| NON-HSC HOSPITALS TOTAL | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| ACCOMMODATIONS | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| ADMINISTRATIVE DAYS | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| TRANSITIONAL IP CARE | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| ALL OTHER ACCOM | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| ANCILLARIES | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| INPATIENT CROSSOVERS | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| ALL OTHER INPATIENT | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| CO HOSP OUTPATIENT TOTAL | 1 | 17 | | 904.19 | | 53.19 | .033 | | 904.19 | | 1.73 |
| MEDICAL | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| SURGERY | 1 | 3 | | 69.04 | | 23.01 | .006 | | 69.04 | | .13 |
| PATHOLOGY | 1 | 7 | | 142.46 | | 20.35 | .013 | | 142.46 | | .27 |
| RADIOLOGY | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| ROOM USE | 1 | 4 | | 263.13 | | 65.78 | .008 | | 263.13 | | .50 |
| CROSSOVERS/ALL OTH OUTPTNT | 1 | 3 | | 429.56 | | 143.19 | .006 | | 429.56 | | .82 |
| #CALIF DEPT OF HEALTH SERV | MEDI-CAL SERVICES AND | EXPENDITU: | RES | MONTH-OF-PAYMENT RE | EPOR: | r for Jan | 2004 THRU | DEC | 2004 | PA | GE 1,175 |
| MOP024 | FEE-FOR-SERVICE/DENTA | L | | | | | | | | | 03/14/05 |
| BUTTE COUNTY | SUMMARY OF SERVICES F | OR MEDICA | LLY | INDIGENT - ADULTS - | - TO | ΓAL | | | | | |

----- MONTHLY AVERAGE -----522 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER PER UNIT/DAY PER ELIG OR DAYS OF CARE USER ELIGIBLE 240,213.40 \$ 176.37 2.609 \$ 750.67 \$ 460.18 @COMMUNITY HOSPITAL TOTAL 320 1,362 \$.349 1131.62 1745.88 4477.26 COMM HOSP INPATIENT TOTAL 46 182 205,954.13 394.55 .065 113.72 HSC HOSPITALS 5 34 59,360.00 11872.00 41 148 146,594.13 990.50 .284 3575.47 280.83 NON-HSC HOSPITALS TOTAL
 55,903.39
 377.73
 .284
 1363.50

 .00
 .00
 .000
 .00

 .00
 .00
 .000
 .00

 55,903.39
 377.73
 .284
 1363.50

 90,690.74
 .00
 .000
 .2211.97

 .00
 .00
 .000
 .00
 377.73 ACCOMMODATIONS 41 148 1363.50 107.09 0 ADMINISTRATIVE DAYS .00 0 0 TRANSITIONAL IP CARE 41 148 0 107.09 ALL OTHER ACCOM 41 ANCILLARIES 173.74 .00 0 INPATIENT CROSSOVERS 0 .00 0 .00 .000 .00 .00 ALL OTHER INPATIENT 1,180 300 29.03 2.261 114.20 COMM HOSP OUTPATIENT TOTAL 34,259.27 65.63 92 .176 86.75 MEDICAL 5,204.90 56.58 SURGERY 23 28 1,566.55 55.95 .054 68.11 3.00 56.07 185 632 10,372.73 16.41 1.211 19.87 PATHOLOGY 73 96 82.51 .184 108.50 RADIOLOGY 7,920.55 116 169 6,811.63 40.31 .324 58.72 13.05 ROOM USE CROSSOVERS/ALL OTH OUTPINT 67 163 2,382.91 14.62 35.57 .312 4.56 .00 \$.00 .00 \$ @STATE HOSPITAL .000 \$.00 0 0 .00 .00 MENTALLY ILL 0 .000 .00 .00 .00 .000 .00 DEVELOP. DISABLED Ο . 00 120,304.22 \$ 119.94 1,003 1.921 \$ 3437.26 \$ 230.47 @NURSING FACILITY 0 0 .000 .00 LEV A-INTERMEDIATE .00 .00 .00 .00 .00 LEV B-REHAB MD 0 .00 .000 .00 LEV B-SUBACUTE FREESTANDING .00 .00 .000 .00 .00

| LEV B-SUBACUTE HSPTL BASED | 2 | 48 | | 26,551.20 | | 553.15 | .092 | | 13275.60 | | 50.86 |
|------------------------------|--------------------------|-----------|-------|--------------------|-------|---------|-----------|-----|----------|----|-----------|
| LEV B-TRANSITIONAL IP CARE | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| LEV B-REGULAR | 33 | 955 | | 93,753.02 | | 98.17 | 1.830 | | 2841.00 | | 179.60 |
| @INTERMEDIATE CARE FACILDD | 0 | 0 | \$ | .00 | \$ | .00 | .000 | \$ | .00 | \$ | .00 |
| ICF DDH | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| ICF DD | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| ICF DDN/DDCN | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| @HEMODIALYSIS TOTAL | 12 | 905 | \$ | 40,232.76 | \$ | 44.46 | 1.734 | \$ | 3352.73 | \$ | 77.07 |
| HOSPITAL BASED | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| HEMODIALYSIS CENTER | 12 | 905 | | 40,232.76 | | 44.46 | 1.734 | | 3352.73 | | 77.07 |
| @REHABILITATION FACILITY | 4 | 61 | \$ | 1,515.11 | \$ | 24.84 | .117 | \$ | 378.78 | \$ | 2.90 |
| HOSPITAL BASED | 4 | 61 | | 1,515.11 | | 24.84 | .117 | | 378.78 | | 2.90 |
| INDEPENDENT FACILITY | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| @LABORATORY FACILITY | 146 | 358 | \$ | 7,428.41 | \$ | 20.75 | .686 | \$ | 50.88 | \$ | 14.23 |
| PATHOLOGY | 146 | 358 | | 7,428.41 | | 20.75 | .686 | | 50.88 | | 14.23 |
| XO AND OTHERS | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| @ORGANIZED OUTPATIENT CLINIC | 185 | 498 | \$ | 37,347.16 | \$ | 74.99 | .954 | \$ | 201.88 | \$ | 71.55 |
| CLINIC | 64 | 305 | | 13,239.84 | | 43.41 | .584 | | 206.87 | | 25.36 |
| SURGICENTER | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| HEROIN DETOX CLINIC | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| RURAL HEALTH CLINIC | 122 | 193 | | 24,107.32 | | 124.91 | .370 | | 197.60 | | 46.18 |
| #CALIF DEPT OF HEALTH SERV | MEDI-CAL SERVICES AND EX | KPENDITUF | RES : | MONTH-OF-PAYMENT R | EPORT | FOR JAN | 2004 THRU | DEC | 2004 | P. | AGE 1,176 |
| MOP024 | FEE-FOR-SERVICE/DENTAL | | | | | | | | | | 03/14/05 |
| BUTTE COUNTY | SUMMARY OF SERVICES FOR | MEDICAI | LY | INDIGENT - ADULTS | - TOT | 'AL | | | | | |

| BOILE COONII | SOUTHWILL OF SELV | VICES FOR MEDICALLI | INDIGENI ADOLIS | IOIAL | | | |
|--------------------------------|-------------------|---------------------|-----------------|--------------|------------|------------|----------|
| | | | | | MON | THLY AVERA | GE |
| 522 ELIGIBLES | USERS | UNITS OF SERVICE | EXPENDITURES | AVERAGE COST | UNITS/DAYS | COST PER | COST PER |
| | | OR DAYS OF CARE | | PER UNIT/DAY | PER ELIG | USER | ELIGIBLE |
| @ALL OTHER PROVIDERS | 83 | 5 , 086 \$ | 37,345.77 | \$ 7.34 | 9.743 \$ | 449.95 | \$ 71.54 |
| DURABLE MED. EQUIP. | 2 | 2 | 107.63 | 53.82 | .004 | 53.82 | .21 |
| BLOOD BANK | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| HEARING AID DISPENSERS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| MEDICAL TRANSPORTATION | 45 | 1,945 | 15,589.12 | 8.01 | 3.726 | 346.42 | 29.86 |
| AMBULANCES/AIR TRANS | 23 | 617 | 5,291.87 | 8.58 | 1.182 | 230.08 | 10.14 |
| OTHER TRANS | 28 | 1,326 | 8,485.39 | 6.40 | 2.540 | 303.05 | 16.26 |
| OTHER SERVICES | 2 | 2 | 1,811.86 | 905.93 | .004 | 905.93 | 3.47 |
| ACUPUNCTURE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ADULT DAY HEALTH CARE CTR | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| GENETIC DISEASE TESTING | 22 | 22 | 2,310.00 | 105.00 | .042 | 105.00 | 4.43 |
| IHMC, MODEL-NF, NF, AIDS, MSSP | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OCCUPATIONAL THERAPIST | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OPTICIAN | 6 | 12 | 109.28 | 9.11 | .023 | 18.21 | .21 |
| PHYSICAL THERAPIST | 1 | 8 | 121.70 | 15.21 | .015 | 121.70 | .23 |
| PORTABLE X-RAY | 1 | 2 | 60.26 | 30.13 | .004 | 60.26 | .12 |
| PROSTHETIST/ORTHOTISTS | 1 | 1 | 332.00 | 332.00 | .002 | 332.00 | .64 |
| PROSTHETICS | 1 | 1 | 332.00 | 332.00 | .002 | 332.00 | .64 |
| ORTHOTICS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PSYCHOLOGIST | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| SPEECH AND AUDIOLOGY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| HOSPICE SERVICES | 4 | 143 | 16,772.35 | 117.29 | .274 | 4193.09 | 32.13 |
| NONINST BIRTHING CENTERS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| LOCAL EDUCATION AGENCIES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| EPSDT SUPPLEMENTAL SERVICE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| RESPIRATORY CARE PRACT. | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PED SUBACUTE REHAB/WEANING | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER PROVIDERS | 10 | 2,951 | 1,943.43 | .66 | 5.653 | 194.34 | 3.72 |
| @CALIF. CHILDREN SERVICES* | 3 | 202 \$ | 28,565.71 | \$ 141.41 | .387 \$ | 9521.90 | \$ 54.72 |

@XOVER EXCLUDING STATE HOSP** 0 0 \$.00 \$.00 \$.00 \$.00

PAGE 1,177 03/14/05

0* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 MOP024 FEE-FOR-SERVICE/DENTAL

BUTTE COUNTY SUMMARY OF SERVICES FOR ALL AGED

| BUILE COUNTI | SUMMARI OF SER | VICES FOR ALL AGED | | | 14037 | | CE |
|----------------------------|----------------|--------------------|---------------|--------------------------|-----------|--------|-----------------------|
| 40 270 ELICIDIES | USERS | INTEG OF CEDITOR | EVDENDIBLEC | ATTEDACE COCH | MON' | | - |
| 40,279 ELIGIBLES | USEKS | UNITS OF SERVICE | EXPENDITURES | AVERAGE COST | | | COST PER |
| OHOHAI AII DDOMIDEDO | 36,977 | OR DAYS OF CARE | 27 702 201 06 | PER UNIT/DAY \$ 43.12 | | USER | ELIGIBLE \$ 938.01 |
| @TOTAL, ALL PROVIDERS | 36,977 | 876,259 \$ | 37,782,281.06 | | 21.755 \$ | | |
| @PHYSICIANS SERVICES | 5,976 | 20,005 \$ | 319,561.51 | \$ 15.97 | .497 \$ | | • |
| OUTPATIENT VISITS | 154 | 204 | 7,396.43 | 36.26 | .005 | 48.03 | .18 |
| OFFICE VISITS | 141 | 190 | 6,407.97 | 33.73 | .005 | 45.45 | .16 |
| HOME VISITS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| EMERGENCY ROOM | 9 | 10 | 874.38 | 87.44 | .000 | 97.15 | .02 |
| PREVENTIVE CARE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OB VISITS/COMPRE PERI | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OTHER OUTPATIENT | 4 | 4 | 114.08 | 28.52 | .000 | 28.52 | .00 |
| INPATIENT VISITS | 65 | 291 | 12,554.43 | 43.14 | .007 | 193.15 | .31 |
| HOSPITAL VISITS | 52 | 260 | 10,914.43 | 41.98 | .006 | 209.89 | .27 |
| CRITICAL CARE | 3 | 9 | 1,094.40 | 121.60 | .000 | 364.80 | .03 |
| SNF/ICF/TRANS IP CARE | 16 | 22 | 545.60 | 24.80 | .001 | 34.10 | .01 |
| OPHTHALMOLOGICAL SERVICES | 24 | 27 | 1,000.44 | 37.05 | .001 | 41.69 | .02 |
| EXAMINATIONS | 24 | 27 | 1,000.44 | 37.05 | .001 | 41.69 | .02 |
| SERVICES AND MATERIALS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| INPATIENT HOSPITAL SURGERY | 28 | 239 | 20,319.96 | 85.02 | .006 | 725.71 | .50 |
| PRINCIPAL SURGEON | 23 | 155 | 17,112.62 | 110.40 | .004 | 744.03 | .42 |
| ASSISTANT SURGEON | 8 | 8 | 1,779.16 | 222.40 | .000 | 222.40 | .04 |
| ANESTHESIOLOGIST | 5 | 76 | 1,428.18 | 18.79 | .002 | 285.64 | .04 |
| OUTPATIENT SURGERY | 48 | 288 | 16,925.06 | 58.77 | .007 | 352.61 | .42 |
| PRINCIPAL SURGEON | 39 | 50 | 14,594.44 | 291.89 | .001 | 374.22 | .36 |
| ASSISTANT SURGEON | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ANESTHESIOLOGIST | 14 | 238 | 2,330.62 | 9.79 | .006 | 166.47 | .06 |
| DIALYSIS | 16 | 36 | 5,071.04 | 140.86 | .001 | 316.94 | .13 |
| PATHOLOGY | 21 | 77 | 919.64 | 11.94 | .002 | 43.79 | .02 |
| RADIOLOGY | 151 | 311 | 12,012.00 | 38.62 | .008 | 79.55 | .30 |
| PSYCHIATRY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| IMMUNIZATION AND INJECTION | 13 | 295 | 12,155.00 | 41.20 | .007 | 935.00 | .30 |
| OTHER SERVICES/ALL X-OVERS | 5 , 659 | 18,237 | 231,207.51 | 12.68 | .453 | 40.86 | 5.74 |
| @PHARMACY | 29,928 | 362,671 \$ | 10,499,504.60 | \$ 28.95 | 9.004 \$ | | |
| PRESCRIPTION DRUGS | 29,469 | 153,326 | 10,248,809.76 | 66.84 | 3.807 | 347.78 | 254.45 |
| SNF/ICF | 6 , 716 | 50,999 | 2,769,591.69 | 54.31 | 1.266 | 412.39 | 68.76 |
| OUTPATIENTS | 22,853 | 102,327 | 7,479,218.07 | 73.09 | 2.540 | 327.28 | 185.69 |
| MEDICAL SUPPLIES | 2,953 | 209,345 | 250,694.84 | 1.20 | 5.197 | 84.89 | 6.22 |
| @DENTIST | 1,371 | 4,427 \$ | 184,999.80 | \$ 41.79 | .110 \$ | | |
| VISITS - DIAGNOSTIC | 1,028 | 3,092 | 45,690.05 | 14.78 | .077 | 44.45 | 1.13 |
| ORAL SURGERY | 145 | 348 | 19,024.50 | 54.67 | .009 | 131.20 | .47 |
| DRUGS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ANESTHESIA | 1 | 1 | .00 | .00 | .000 | .00 | .00 |
| PERIODONTICS | 43 | 45 | 4,192.00 | 93.16 | .001 | 97.49 | .10 |
| ENDODONTICS ENDODONTICS | 34 | 40 | 7,736.00 | 193.40 | .001 | 227.53 | .10 |
| | 190 | 379 | | 69.48 | | | .19 |
| RESTORATIVE DENTISTRY | 190 | 3 / 9 | 26,333.25 | | .009 | 138.60 | |
| PROSTHETICS | 237 | | 245.00 | 30.63 | .000 | 30.63 | .01 |
| DENTURES, STAYPLATES | | 505 | 81,779.00 | 161.94 | .013 | 345.06 | 2.03 |
| SPACE MAINTAINERS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |

| MAXILLOFACIAL SERVICES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
|----------------------------|-----------------------|--------------|-------------------------|---------|-----------|----------|------------|
| FRACTURES, DISLOCATIONS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ORTHODONTIC SERVICES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER SERVICES | 23 | 9 | .00 | .00 | .000 | .00 | .00 |
| #CALIF DEPT OF HEALTH SERV | MEDI-CAL SERVICES AND | EXPENDITURES | MONTH-OF-PAYMENT REPORT | FOR JAN | 2004 THRU | DEC 2004 | PAGE 1,178 |
| MOP024 | FEE-FOR-SERVICE/DENTA | ΔL | | | | | 03/14/05 |
| BUTTE COUNTY | SUMMARY OF SERVICES E | OR ALL AGED | | | | | |

| BUTTE COUNTY | SUMMARY OF SER | VICES FOR ALL AGE | D. | | | | | | | | |
|------------------------------|----------------|-------------------|----|--------------|----|------------|-----------|-----|-----------|----|----------|
| | | | | | | | M | TNC | HLY AVERA | GE | |
| 40,279 ELIGIBLES | USERS | UNITS OF SERVICE | 1 | EXPENDITURES | AV | ERAGE COST | UNITS/DAY | S | COST PER | | COST PER |
| | | OR DAYS OF CARE | 3 | | PΕ | R UNIT/DAY | | | USER | | ELIGIBLE |
| @OPTOMETRIST | 849 | 2,066 | \$ | 38,921.41 | \$ | | .051 | \$ | 45.84 | \$ | .97 |
| DIAGNOSTIC AND ANC. PROCED | 70 | 72 | | 2,998.94 | | 41.65 | .002 | | 42.84 | | .07 |
| EYE APPLIANCES | 643 | 1,721 | | 29,526.18 | | 17.16 | .043 | | 45.92 | | .73 |
| OTHER OPTOMETRIC SERVICES | 213 | 273 | | 6,396.29 | | 23.43 | .007 | | 30.03 | | .16 |
| @CHIROPRACTOR | 19 | 25 | \$ | 275.16 | \$ | 11.01 | .001 | \$ | 14.48 | \$ | .01 |
| VISITS | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| OTHER SERVICES | 19 | 25 | | 275.16 | | 11.01 | .001 | | 14.48 | | .01 |
| @PODIATRIST | 970 | 1,416 | \$ | 11,956.60 | \$ | | .035 | \$ | 12.33 | \$ | .30 |
| MEDICINE/INJECTIONS | 10 | 12 | | 318.60 | | 26.55 | .000 | | 31.86 | | .01 |
| SURGERY/ANES. | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| RADIO./PATHOLOGY | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| OTHER | 960 | 1,404 | | 11,638.00 | | 8.29 | .035 | | 12.12 | | .29 |
| @HOME HEALTH AGENCY | 11 | 62 | \$ | | \$ | 69.64 | .002 | \$ | 392.49 | \$ | .11 |
| NURSE ANESTHESIST | 7 | 65 | \$ | | \$ | 10.54 | .002 | | 97.85 | | .02 |
| NURSE MIDWIFE | 0 | 0 | \$ | .00 | \$ | .00 | .000 | | .00 | \$ | .00 |
| PEDIATRIC NURSE PRACTITIONER | 0 | 0 | \$ | .00 | \$ | .00 | .000 | | .00 | \$ | .00 |
| FAMILY NURSE PRACTITIONER | 5 | 11 17,229 | \$ | 230.83 | \$ | 20.98 | .000 | | 46.17 | \$ | .01 |
| @TOTAL HOSPITAL | 4,854 | 17,229 | \$ | | Ś | 120.87 | .428 | | 429.02 | | 51.70 |
| HOSP INPATIENT TOTAL | 750 | 691 | ' | 1,750,056.18 | | 2532.64 | .017 | | 2333.41 | | 43.45 |
| HSC HOSPITALS | 10 | 65 | | 67,502.84 | | 1038.51 | .002 | | 6750.28 | | 1.68 |
| NON-HSC HOSPITAL TOTAL | 86 | 626 | | 1,135,392.88 | | 1813.73 | .016 | | 13202.24 | | 28.19 |
| ACCOMMODATIONS | 86 | 626 | | 367,729.07 | | 587.43 | .016 | | 4275.92 | | 9.13 |
| ADMINISTRATIVE DAYS | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| TRANSITIONAL IP CARE | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| ALL OTHER ACCOM | 86 | 626 | | 367,729.07 | | 587.43 | .016 | | 4275.92 | | 9.13 |
| ANCILLARIES | 86 | 0 | | 767,663.81 | | .00 | .000 | | 8926.32 | | 19.06 |
| INPATIENT CROSSOVERS | 655 | 0 | | 547,160.46 | | .00 | .000 | | 835.36 | | 13.58 |
| ALL OTHER INPATIENT | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| HOSP OUTPATIENT TOTAL | 4,520 | 16,538 | | 332,424.04 | | 20.10 | .411 | | 73.55 | | 8.25 |
| MEDICAL | 95 | 203 | | 12,067.30 | | 59.44 | .005 | | 127.02 | | .30 |
| SURGERY | 26 | 30 | | 2,624.21 | | 87.47 | .001 | | 100.93 | | .07 |
| PATHOLOGY | 284 | 768 | | 9,582.04 | | 12.48 | .019 | | 33.74 | | .24 |
| RADIOLOGY | 75 | 120 | | 14,073.64 | | 117.28 | .003 | | 187.65 | | .35 |
| ROOM USE | 84 | 120 | | 6,359.36 | | 52.99 | .003 | | 75.71 | | .16 |
| CROSSOVERS/ALL OTH OUTPTNT | * - | 15,297 | | 287,717.49 | | 18.81 | .380 | | 67.79 | | 7.14 |
| @COUNTY HOSPITAL TOTAL | 10 | 37 | \$ | | \$ | 37.75 | .001 | Ċ | 139.68 | Ċ | .03 |
| CO HOSPITAL INPATIENT TOTAL | | 0 | Ÿ | 840.00 | Y | .00 | .000 | Ÿ | 840.00 | Y | .02 |
| HSC HOSPITALS | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| NON-HSC HOSPITALS TOTAL | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| ACCOMMODATIONS | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| | 0 | | | .00 | | .00 | .000 | | .00 | | .00 |
| ADMINISTRATIVE DAYS | 0 | 0 | | .00 | | | .000 | | .00 | | |
| TRANSITIONAL IP CARE | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| ALL OTHER ACCOM | 0 | 0 | | | | .00 | | | | | .00 |
| ANCILLARIES | 1 | 0 | | .00 | | .00 | .000 | | .00 | | |
| INPATIENT CROSSOVERS | 0 | 0 | | 840.00 | | .00 | .000 | | 840.00 | | .02 |
| ALL OTHER INPATIENT | U | 0 | | .00 | | .00 | .000 | | .00 | | .00 |

| CO HOCD OHEDAETENE HOEAT | 0 | 2.7 | | FFC 02 | 1 - 0 - | 0.01 | 61 07 | | 0.1 |
|----------------------------|-----------------|----------------------|------|---------------------|-----------------|-------------|-------------|----|-----------|
| CO HOSP OUTPATIENT TOTAL | 9 | 37 | | 556.83 | 15.05 | .001 | 61.87 | | .01 |
| MEDICAL | 0 | 0 | | .00 | .00 | .000 | | | .00 |
| SURGERY | 2 | 0 | | .00 | .00 | .000 | .00 | | .00 |
| PATHOLOGY | | 12 | | 68.05 | 5.67 | .000 | 34.03 | | .00 |
| RADIOLOGY | 2 | 4 | | 207.85 | 51.96 | .000 | 103.93 | | .01 |
| ROOM USE | 0 | 0 | | .00 | .00 | .000 | .00 | | .00 |
| CROSSOVERS/ALL OTH OUTPTNT | 6 | 21 | | 280.93 | 13.38 | .001 | 46.82 | _ | .01 |
| #CALIF DEPT OF HEALTH SERV | | CES AND EXPENDITURES | S MC | NTH-OF-PAYMENT RI | EPORT FOR JAN 2 | 2004 THRU D | EC 2004 | P? | AGE 1,179 |
| MOP024 | FEE-FOR-SERVICE | , | | | | | | | 03/14/05 |
| BUTTE COUNTY | SUMMARY OF SERV | ICES FOR ALL AGED | | | | | | | |
| | | | | | | | NTHLY AVERA | - | |
| 40,279 ELIGIBLES | USERS | UNITS OF SERVICE | | EXPENDITURES | AVERAGE COST | | | | COST PER |
| | | OR DAYS OF CARE | | | PER UNIT/DAY | PER ELIG | USER | | ELIGIBLE |
| @COMMUNITY HOSPITAL TOTAL | 4,846 | 17,192 \$ | > | 2,081,083.39 | \$ 121.05 | .427 | | \$ | 51.67 |
| COMM HOSP INPATIENT TOTAL | 749 | 691 | | 1,749,216.18 | 2531.43 | .017 | 2335.40 | | 43.43 |
| HSC HOSPITALS | 10 | 65 | | 67 , 502.84 | 1038.51 | .002 | 6750.28 | | 1.68 |
| NON-HSC HOSPITALS TOTAL | 86 | 626 | | 1,135,392.88 | 1813.73 | .016 | 13202.24 | | 28.19 |
| ACCOMMODATIONS | 86 | 626 | | 367 , 729.07 | 587.43 | .016 | 4275.92 | | 9.13 |
| ADMINISTRATIVE DAYS | 0 | 0 | | .00 | .00 | .000 | .00 | | .00 |
| TRANSITIONAL IP CARE | 0 | 0 | | .00 | .00 | .000 | .00 | | .00 |
| ALL OTHER ACCOM | 86 | 626 | | 367 , 729.07 | 587.43 | .016 | 4275.92 | | 9.13 |
| ANCILLARIES | 86 | 0 | | 767,663.81 | .00 | .000 | 8926.32 | | 19.06 |
| INPATIENT CROSSOVERS | 654 | 0 | | 546,320.46 | .00 | .000 | 835.35 | | 13.56 |
| ALL OTHER INPATIENT | 0 | 0 | | .00 | .00 | .000 | .00 | | .00 |
| COMM HOSP OUTPATIENT TOTAL | 4,513 | 16,501 | | 331 , 867.21 | 20.11 | .410 | 73.54 | | 8.24 |
| MEDICAL | 95 | 203 | | 12,067.30 | 59.44 | .005 | 127.02 | | .30 |
| SURGERY | 26 | 30 | | 2,624.21 | 87.47 | .001 | 100.93 | | .07 |
| PATHOLOGY | 282 | 756 | | 9,513.99 | 12.58 | .019 | 33.74 | | .24 |
| RADIOLOGY | 73 | 116 | | 13,865.79 | 119.53 | .003 | 189.94 | | .34 |
| ROOM USE | 84 | 120 | | 6,359.36 | 52.99 | .003 | 75.71 | | .16 |
| CROSSOVERS/ALL OTH OUTPTNT | 4,240 | 15,276 | | 287,436.56 | 18.82 | .379 | 67.79 | | 7.14 |
| @STATE HOSPITAL | 0 | 0 \$ | 5 | .00 | \$.00 | .000 | \$.00 | \$ | .00 |
| | | | | | | | | | |

| MENTALLY ILL | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
|--|---|--|--------|--|-------|---|---|-----|--|-----|--|
| DEVELOP. DISABLED | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| @NURSING FACILITY | 7,419 | 217 , 187 | \$ | | \$ | | 5.392 | \$ | | \$ | 557.41 |
| LEV A-INTERMEDIATE | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| LEV B-REHAB MD | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| LEV B-SUBACUTE FREESTANDING | 1 | 25 | | 7,736.25 | | 309.45 | .001 | | 7736.25 | | .19 |
| LEV B-SUBACUTE HSPTL BASED | 2 | 17 | | 9,235.34 | | 543.26 | .000 | | 4617.67 | | .23 |
| LEV B-TRANSITIONAL IP CARE | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| LEV B-REGULAR | 7,417 | 217,145 | | 22,434,864.80 | | 103.32 | 5.391 | | 3024.79 | | 556.99 |
| @INTERMEDIATE CARE FACILDD | 15 | 442 | \$ | | | 187.52 | .011 | \$ | 5525.45 | \$ | 2.06 |
| ICF DDH | 3 | 79 | | 13,745.74 | | 174.00 | .002 | | 4581.91 | | .34 |
| ICF DD | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| ICF DDN/DDCN | 12 | 363 | | 69,135.96 | | 190.46 | .009 | | 5761.33 | | 1.72 |
| @HEMODIALYSIS TOTAL | 164 | 925 | \$ | 125,484.99 | Ś | | | Ś | 765.15 | Ś | 3.12 |
| HOSPITAL BASED | 0 | 0 | Ψ | .00 | τ | .00 | .000 | Τ. | .00 | Τ. | .00 |
| HEMODIALYSIS CENTER | 164 | 925 | | 125,484.99 | | 135.66 | .023 | | 765.15 | | 3.12 |
| @REHABILITATION FACILITY | 4 | 38 | \$ | | Ċ | 14.19 | .001 | Ċ | | Ċ | .01 |
| HOSPITAL BASED | 4 | 38 | Ÿ | 539.37 | Ÿ | 14.19 | .001 | Y | 134.84 | Y | .01 |
| INDEPENDENT FACILITY | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| | 158 | 529 | \$ | | \$ | | | ċ | | ċ | |
| @LABORATORY FACILITY | | | Ą | • | Ą | | .013 | Ş | | Ş | .17 |
| PATHOLOGY | 133 | 486 | | 6,417.93 | | 13.21 | .012 | | 48.26 | | .16 |
| XO AND OTHERS | 25 | 43 | | 344.27 | | 8.01 | .001 | | 13.77 | | .01 |
| @ORGANIZED OUTPATIENT CLINIC | 3,792 | 6,720 | Ş | 365,637.77 | | | .167 | Ş | 96.42 | Ş | 9.08 |
| CLINIC | 107 | 195 | | 11,344.63 | | 58.18 | .005 | | 106.02 | | .28 |
| SURGICENTER | 34 | 47 | | 6,389.48 | | 135.95 | .001 | | 187.93 | | .16 |
| HEROIN DETOX CLINIC | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| RURAL HEALTH CLINIC | 3,668 | 6,478 | | 347,903.66 | | 53.71 | .161 | | 94.85 | | 8.64 |
| #CALIF DEPT OF HEALTH SERV | MEDI-CAL SERVIC | CES AND EXPENDITUR | RES M | ONTH-OF-PAYMENT RE | EPORT | ' FOR JAN | 2004 THRU | DEC | 2004 | P | AGE 1,180 |
| MOP024 | FEE-FOR-SERVICE | ·/DENTAT. | | | | | | | | | 03/14/05 |
| | | I/ DUNITIU | | | | | | | | | |
| BUTTE COUNTY | | VICES FOR ALL AGE | ED | | | | | | | | |
| BUTTE COUNTY | | | ED | | | | M | ONT | HLY AVERA | .GE | |
| BUTTE COUNTY 40,279 ELIGIBLES | | | | EXPENDITURES | AVE | RAGE COST | M UNITS/DAY | | | | COST PER |
| 40,279 ELIGIBLES | SUMMARY OF SERV | TICES FOR ALL AGE | Ē. | EXPENDITURES | | | | S | | | |
| | SUMMARY OF SERV | VICES FOR ALL AGE UNITS OF SERVICE | Ē. | EXPENDITURES 1,606,206.19 | | | UNITS/DAY | S | COST PER USER | | COST PER |
| 40,279 ELIGIBLES | SUMMARY OF SERV | VICES FOR ALL AGE UNITS OF SERVICE OR DAYS OF CARE | C C | | PEF | R UNIT/DAY | UNITS/DAY PER ELIG | S | COST PER USER | | COST PER ELIGIBLE |
| 40,279 ELIGIBLES @ALL OTHER PROVIDERS | SUMMARY OF SERVUSERS | VICES FOR ALL AGE UNITS OF SERVICE OR DAYS OF CARE 242,441 | C C | 1,606,206.19 | PEF | UNIT/DAY 6.63 | UNITS/DAY PER ELIG 6.019 | S | COST PER USER 221.91 | | COST PER ELIGIBLE 39.88 |
| 40,279 ELIGIBLES @ALL OTHER PROVIDERS DURABLE MED. EQUIP. | SUMMARY OF SERV USERS 7,238 248 0 601 | UNITS OF SERVICE OR DAYS OF CARE 242,441 1,714 | C C | 1,606,206.19 101,566.83 .00 | PEF | R UNIT/DAY 6.63 59.26 .00 | UNITS/DAY PER ELIG 6.019 .043 .000 | S | COST PER USER 221.91 409.54 .00 | | COST PER ELIGIBLE 39.88 2.52 .00 |
| 40,279 ELIGIBLES @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK | SUMMARY OF SERV USERS 7,238 248 0 601 | UNITS OF SERVICE OR DAYS OF CARE 242,441 1,714 0 1,076 | C C | 1,606,206.19 101,566.83 .00 90,877.55 | PEF | 8 UNIT/DAY 6.63 59.26 .00 84.46 | UNITS/DAY PER ELIG 6.019 .043 | S | COST PER USER 221.91 409.54 | | COST PER ELIGIBLE 39.88 2.52 .00 2.26 |
| 40,279 ELIGIBLES @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION | USERS 7,238 248 0 601 1,608 | UNITS OF SERVICE OR DAYS OF CARE 242,441 1,714 0 1,076 57,954 | C C | 1,606,206.19 101,566.83 .00 90,877.55 241,107.24 | PEF | 8 UNIT/DAY 6.63 59.26 .00 84.46 4.16 | Y UNITS/DAY Y PER ELIG 6.019 .043 .000 .027 1.439 | S | COST PER USER 221.91 409.54 .00 151.21 149.94 | | COST PER ELIGIBLE 39.88 2.52 .00 2.26 5.99 |
| 40,279 ELIGIBLES @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS | USERS 7,238 248 0 601 1,608 106 | UNITS OF SERVICE OR DAYS OF CARE 242,441 1,714 0 1,076 57,954 285 | C C | 1,606,206.19 101,566.83 .00 90,877.55 241,107.24 11,956.77 | PEF | 8 UNIT/DAY 6.63 59.26 .00 84.46 4.16 41.95 | Y UNITS/DAY Y PER ELIG 6.019 .043 .000 .027 1.439 .007 | S | COST PER USER 221.91 409.54 .00 151.21 149.94 112.80 | | COST PER ELIGIBLE 39.88 2.52 .00 2.26 5.99 .30 |
| 40,279 ELIGIBLES @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS | USERS 7,238 248 0 601 1,608 106 1,477 | UNITS OF SERVICE OR DAYS OF CARE 242,441 1,714 0 1,076 57,954 285 57,124 | C C | 1,606,206.19 101,566.83 .00 90,877.55 241,107.24 11,956.77 225,979.11 | PEF | 8 UNIT/DAY 6.63 59.26 .00 84.46 4.16 41.95 3.96 | PER ELIG 6.019 .043 .000 .027 1.439 .007 | S | COST PER USER 221.91 409.54 .00 151.21 149.94 112.80 153.00 | | COST PER ELIGIBLE 39.88 2.52 .00 2.26 5.99 .30 5.61 |
| 40,279 ELIGIBLES @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER SERVICES | USERS 7,238 248 0 601 1,608 106 1,477 135 | UNITS OF SERVICE OR DAYS OF CARE 242,441 1,714 0 1,076 57,954 285 57,124 545 | C C | 1,606,206.19 101,566.83 .00 90,877.55 241,107.24 11,956.77 225,979.11 3,171.36 | PEF | 8 UNIT/DAY 6.63 59.26 .00 84.46 4.16 41.95 3.96 5.82 | PER ELIG 6.019 .043 .000 .027 1.439 .007 1.418 | S | COST PER USER 221.91 409.54 .00 151.21 149.94 112.80 153.00 23.49 | | COST PER ELIGIBLE 39.88 2.52 .00 2.26 5.99 .30 5.61 .08 |
| 40,279 ELIGIBLES @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER SERVICES ACUPUNCTURE | USERS 7,238 248 0 601 1,608 106 1,477 135 36 | UNITS OF SERVICE OR DAYS OF CARE 242,441 1,714 0 1,076 57,954 285 57,124 545 75 | C C | 1,606,206.19 101,566.83 .00 90,877.55 241,107.24 11,956.77 225,979.11 3,171.36 1,292.17 | PEF | 8 UNIT/DAY 6.63 59.26 .00 84.46 4.16 41.95 3.96 5.82 17.23 | PER ELIG 6.019 .043 .000 .027 1.439 .007 1.418 .014 | S | COST PER USER 221.91 409.54 .00 151.21 149.94 112.80 153.00 23.49 35.89 | | COST PER ELIGIBLE 39.88 2.52 .00 2.26 5.99 .30 5.61 .08 |
| 40,279 ELIGIBLES @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER SERVICES ACUPUNCTURE ADULT DAY HEALTH CARE CTR | USERS 7,238 248 0 601 1,608 106 1,477 135 36 334 | UNITS OF SERVICE OR DAYS OF CARE 242,441 1,714 0 1,076 57,954 285 57,124 545 75 4,575 | C C | 1,606,206.19 101,566.83 .00 90,877.55 241,107.24 11,956.77 225,979.11 3,171.36 1,292.17 318,476.57 | PEF | 8 UNIT/DAY 6.63 59.26 .00 84.46 4.16 41.95 3.96 5.82 17.23 69.61 | PER ELIG 6.019 .043 .000 .027 1.439 .007 1.418 .014 .002 | S | COST PER USER 221.91 409.54 .00 151.21 149.94 112.80 153.00 23.49 35.89 953.52 | | COST PER ELIGIBLE 39.88 2.52 .00 2.26 5.99 .30 5.61 .08 .03 7.91 |
| 40,279 ELIGIBLES @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER SERVICES ACUPUNCTURE ADULT DAY HEALTH CARE CTR GENETIC DISEASE TESTING | USERS 7,238 248 0 601 1,608 106 1,477 135 36 334 0 | UNITS OF SERVICE OR DAYS OF CARE 242,441 1,714 0 1,076 57,954 285 57,124 545 75 4,575 0 | C C | 1,606,206.19 101,566.83 .00 90,877.55 241,107.24 11,956.77 225,979.11 3,171.36 1,292.17 318,476.57 .00 | PEF | 8 UNIT/DAY 6.63 59.26 .00 84.46 4.16 41.95 3.96 5.82 17.23 69.61 | PER ELIG 6.019 .043 .000 .027 1.439 .007 1.418 .014 .002 .114 | S | COST PER USER 221.91 409.54 .00 151.21 149.94 112.80 153.00 23.49 35.89 953.52 .00 | | COST PER ELIGIBLE 39.88 2.52 .00 2.26 5.99 .30 5.61 .08 .03 7.91 |
| 40,279 ELIGIBLES @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER SERVICES ACUPUNCTURE ADULT DAY HEALTH CARE CTR GENETIC DISEASE TESTING IHMC, MODEL-NF, NF, AIDS, MSSP | USERS 7,238 248 0 601 1,608 106 1,477 135 36 334 0 724 | UNITS OF SERVICE OR DAYS OF CARE 242,441 1,714 0 1,076 57,954 285 57,124 545 75 4,575 0 7,635 | C C | 1,606,206.19 101,566.83 .00 90,877.55 241,107.24 11,956.77 225,979.11 3,171.36 1,292.17 318,476.57 .00 399,618.94 | PEF | 8 UNIT/DAY 6.63 59.26 .00 84.46 4.16 41.95 3.96 5.82 17.23 69.61 .00 52.34 | C UNITS/DAY PER ELIG 6.019 .043 .000 .027 1.439 .007 1.418 .014 .002 .114 .000 .190 | S | COST PER USER 221.91 409.54 .00 151.21 149.94 112.80 153.00 23.49 35.89 953.52 .00 551.96 | | COST PER ELIGIBLE 39.88 2.52 .00 2.26 5.99 .30 5.61 .08 .03 7.91 .00 9.92 |
| 40,279 ELIGIBLES @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER TRANS OTHER SERVICES ACUPUNCTURE ADULT DAY HEALTH CARE CTR GENETIC DISEASE TESTING IHMC, MODEL-NF, NF, AIDS, MSSP OCCUPATIONAL THERAPIST | USERS 7,238 248 0 601 1,608 106 1,477 135 36 334 0 724 0 | UNITS OF SERVICE OR DAYS OF CARE 242,441 1,714 0 1,076 57,954 285 57,124 545 75 4,575 0 7,635 | C C | 1,606,206.19 101,566.83 .00 90,877.55 241,107.24 11,956.77 225,979.11 3,171.36 1,292.17 318,476.57 .00 399,618.94 | PEF | C UNIT/DAY 6.63 59.26 .00 84.46 4.16 41.95 3.96 5.82 17.23 69.61 .00 52.34 .00 | PER ELIG 6.019 .043 .000 .027 1.439 .007 1.418 .014 .002 .114 .000 .190 | S | COST PER USER 221.91 409.54 .00 151.21 149.94 112.80 153.00 23.49 35.89 953.52 .00 551.96 | | COST PER ELIGIBLE 39.88 2.52 .00 2.26 5.99 .30 5.61 .08 .03 7.91 .00 9.92 .00 |
| 40,279 ELIGIBLES @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER TRANS OTHER SERVICES ACUPUNCTURE ADULT DAY HEALTH CARE CTR GENETIC DISEASE TESTING IHMC, MODEL-NF, NF, AIDS, MSSP OCCUPATIONAL THERAPIST OPTICIAN | USERS 7,238 248 0 601 1,608 106 1,477 135 36 334 0 724 0 771 | UNITS OF SERVICE OR DAYS OF CARE 242,441 1,714 0 1,076 57,954 285 57,124 545 75 4,575 0 7,635 0 1,737 | C C | 1,606,206.19 101,566.83 .00 90,877.55 241,107.24 11,956.77 225,979.11 3,171.36 1,292.17 318,476.57 .00 399,618.94 .00 20,667.69 | PEF | C UNIT/DAY 6.63 59.26 .00 84.46 4.16 41.95 3.96 5.82 17.23 69.61 .00 52.34 .00 11.90 | PER ELIG 6.019 .043 .000 .027 1.439 .007 1.418 .014 .002 .114 .000 .190 .000 | S | COST PER USER 221.91 409.54 .00 151.21 149.94 112.80 153.00 23.49 35.89 953.52 .00 551.96 .00 26.81 | | COST PER ELIGIBLE 39.88 2.52 .00 2.26 5.99 .30 5.61 .08 .03 7.91 .00 9.92 .00 |
| 40,279 ELIGIBLES @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER SERVICES ACUPUNCTURE ADULT DAY HEALTH CARE CTR GENETIC DISEASE TESTING IHMC, MODEL-NF, NF, AIDS, MSSP OCCUPATIONAL THERAPIST OPTICIAN PHYSICAL THERAPIST | USERS 7,238 248 0 601 1,608 106 1,477 135 36 334 0 724 0 771 | UNITS OF SERVICE OR DAYS OF CARE 242,441 1,714 0 1,076 57,954 285 57,124 545 75 4,575 0 7,635 0 1,737 | C C | 1,606,206.19 101,566.83 .00 90,877.55 241,107.24 11,956.77 225,979.11 3,171.36 1,292.17 318,476.57 .00 399,618.94 .00 20,667.69 7.62 | PEF | CUNIT/DAY 6.63 59.26 .00 84.46 4.16 41.95 3.96 5.82 17.23 69.61 .00 52.34 .00 11.90 1.27 | PER ELIG 6.019 .043 .000 .027 1.439 .007 1.418 .014 .002 .114 .000 .190 .000 | S | COST PER USER 221.91 409.54 .00 151.21 149.94 112.80 153.00 23.49 35.89 953.52 .00 551.96 .00 26.81 7.62 | | COST PER ELIGIBLE 39.88 2.52 .00 2.26 5.99 .30 5.61 .08 .03 7.91 .00 9.92 .00 .51 |
| 40,279 ELIGIBLES @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER TRANS OTHER SERVICES ACUPUNCTURE ADULT DAY HEALTH CARE CTR GENETIC DISEASE TESTING IHMC, MODEL-NF, NF, AIDS, MSSP OCCUPATIONAL THERAPIST OPTICIAN PHYSICAL THERAPIST PORTABLE X-RAY | USERS 7,238 248 0 601 1,608 106 1,477 135 36 334 0 724 0 771 1 | UNITS OF SERVICE OR DAYS OF CARE 242,441 1,714 0 1,076 57,954 285 57,124 545 75 4,575 0 7,635 0 1,737 6 62 | C C | 1,606,206.19 101,566.83 .00 90,877.55 241,107.24 11,956.77 225,979.11 3,171.36 1,292.17 318,476.57 .00 399,618.94 .00 20,667.69 7.62 42.02 | PEF | CUNIT/DAY 6.63 59.26 .00 84.46 4.16 41.95 3.96 5.82 17.23 69.61 .00 52.34 .00 11.90 1.27 .68 | PER ELIG 6.019 .043 .000 .027 1.439 .007 1.418 .014 .002 .114 .000 .190 .000 .043 .000 | S | COST PER USER 221.91 409.54 .00 151.21 149.94 112.80 153.00 23.49 35.89 953.52 .00 551.96 .00 26.81 7.62 .91 | | COST PER ELIGIBLE 39.88 2.52 .00 2.26 5.99 .30 5.61 .08 .03 7.91 .00 9.92 .00 .51 .00 .00 |
| 40,279 ELIGIBLES @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER SERVICES ACUPUNCTURE ADULT DAY HEALTH CARE CTR GENETIC DISEASE TESTING IHMC, MODEL-NF, NF, AIDS, MSSP OCCUPATIONAL THERAPIST OPTICIAN PHYSICAL THERAPIST PORTABLE X-RAY PROSTHETIST/ORTHOTISTS | USERS 7,238 248 0 601 1,608 106 1,477 135 36 334 0 724 0 771 1 46 17 | UNITS OF SERVICE OR DAYS OF CARE 242,441 1,714 0 1,076 57,954 285 57,124 545 75 4,575 0 7,635 0 1,737 6 62 80 | C C | 1,606,206.19 101,566.83 .00 90,877.55 241,107.24 11,956.77 225,979.11 3,171.36 1,292.17 318,476.57 .00 399,618.94 .00 20,667.69 7.62 42.02 2,723.53 | PEF | CUNIT/DAY 6.63 59.26 .00 84.46 4.16 41.95 3.96 5.82 17.23 69.61 .00 52.34 .00 11.90 1.27 .68 34.04 | PER ELIG 6.019 .043 .000 .027 1.439 .007 1.418 .014 .002 .114 .000 .190 .000 .043 .000 | S | COST PER USER 221.91 409.54 .00 151.21 149.94 112.80 153.00 23.49 35.89 953.52 .00 551.96 .00 26.81 7.62 .91 160.21 | | COST PER ELIGIBLE 39.88 2.52 .00 2.26 5.99 .30 5.61 .08 .03 7.91 .00 9.92 .00 .51 .00 .00 .07 |
| 40,279 ELIGIBLES @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER SERVICES ACUPUNCTURE ADULT DAY HEALTH CARE CTR GENETIC DISEASE TESTING IHMC, MODEL-NF, NF, AIDS, MSSP OCCUPATIONAL THERAPIST OPTICIAN PHYSICAL THERAPIST PORTABLE X-RAY PROSTHETIST/ORTHOTISTS PROSTHETICS | USERS 7,238 248 0 601 1,608 106 1,477 135 36 334 0 724 0 771 1 46 17 | UNITS OF SERVICE OR DAYS OF CARE 242,441 1,714 0 1,076 57,954 285 57,124 545 75 4,575 0 7,635 0 1,737 6 62 80 80 | C C | 1,606,206.19 101,566.83 .00 90,877.55 241,107.24 11,956.77 225,979.11 3,171.36 1,292.17 318,476.57 .00 399,618.94 .00 20,667.69 7.62 42.02 2,723.53 2,723.53 | PEF | CUNIT/DAY 6.63 59.26 .00 84.46 4.16 41.95 3.96 5.82 17.23 69.61 .00 52.34 .00 11.90 1.27 .68 34.04 34.04 | PER ELIG 6.019 .043 .000 .027 1.439 .007 1.418 .014 .002 .114 .000 .190 .000 .043 .000 .002 .002 | S | COST PER USER 221.91 409.54 .00 151.21 149.94 112.80 153.00 23.49 35.89 953.52 .00 551.96 .00 26.81 7.62 .91 160.21 | | COST PER ELIGIBLE 39.88 2.52 .00 2.26 5.99 .30 5.61 .08 .03 7.91 .00 9.92 .00 .51 .00 .00 .07 .07 |
| 40,279 ELIGIBLES @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER SERVICES ACUPUNCTURE ADULT DAY HEALTH CARE CTR GENETIC DISEASE TESTING IHMC, MODEL-NF, NF, AIDS, MSSP OCCUPATIONAL THERAPIST OPTICIAN PHYSICAL THERAPIST PORTABLE X-RAY PROSTHETIST/ORTHOTISTS PROSTHETICS ORTHOTICS | USERS 7,238 248 0 601 1,608 106 1,477 135 36 334 0 724 0 771 1 46 17 17 | UNITS OF SERVICE OR DAYS OF CARE 242,441 1,714 0 1,076 57,954 285 57,124 545 75 4,575 0 7,635 0 1,737 6 62 80 80 0 | C C | 1,606,206.19 101,566.83 .00 90,877.55 241,107.24 11,956.77 225,979.11 3,171.36 1,292.17 318,476.57 .00 399,618.94 .00 20,667.69 7.62 42.02 2,723.53 2,723.53 | PEF | CUNIT/DAY 6.63 59.26 .00 84.46 4.16 41.95 3.96 5.82 17.23 69.61 .00 52.34 .00 11.90 1.27 .68 34.04 34.04 .00 | PER ELIG 6.019 .043 .000 .027 1.439 .007 1.418 .014 .002 .114 .000 .190 .000 .043 .000 .002 .002 .002 | S | COST PER USER 221.91 409.54 .00 151.21 149.94 112.80 153.00 23.49 35.89 953.52 .00 551.96 .00 26.81 7.62 .91 160.21 160.21 .00 | | COST PER ELIGIBLE 39.88 2.52 .00 2.26 5.99 .30 5.61 .08 .03 7.91 .00 9.92 .00 .51 .00 .00 .07 .07 .00 |
| 40,279 ELIGIBLES @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER SERVICES ACUPUNCTURE ADULT DAY HEALTH CARE CTR GENETIC DISEASE TESTING IHMC, MODEL-NF, NF, AIDS, MSSP OCCUPATIONAL THERAPIST OPTICIAN PHYSICAL THERAPIST PORTABLE X-RAY PROSTHETIST/ORTHOTISTS PROSTHETICS ORTHOTICS PSYCHOLOGIST | USERS 7,238 248 0 601 1,608 106 1,477 135 36 334 0 724 0 771 1 46 17 17 0 | UNITS OF SERVICE OR DAYS OF CARE 242,441 1,714 0 1,076 57,954 285 57,124 545 75 4,575 0 7,635 0 1,737 6 62 80 80 0 0 0 | C C | 1,606,206.19 101,566.83 .00 90,877.55 241,107.24 11,956.77 225,979.11 3,171.36 1,292.17 318,476.57 .00 399,618.94 .00 20,667.69 7.62 42.02 2,723.53 2,723.53 .00 .00 | PEF | CUNIT/DAY 6.63 59.26 .00 84.46 4.16 41.95 3.96 5.82 17.23 69.61 .00 52.34 .00 11.90 1.27 .68 34.04 34.04 .00 .00 | PER ELIG 6.019 .043 .000 .027 1.439 .007 1.418 .014 .002 .114 .000 .190 .000 .043 .000 .002 .002 .002 | S | COST PER USER 221.91 409.54 .00 151.21 149.94 112.80 153.00 23.49 35.89 953.52 .00 551.96 .00 26.81 7.62 .91 160.21 160.21 .00 .00 | | COST PER ELIGIBLE 39.88 2.52 .00 2.26 5.99 .30 5.61 .08 .03 7.91 .00 9.92 .00 .51 .00 .00 .07 .07 .07 .00 .00 .00 .00 |
| 40,279 ELIGIBLES @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER SERVICES ACUPUNCTURE ADULT DAY HEALTH CARE CTR GENETIC DISEASE TESTING IHMC, MODEL-NF, NF, AIDS, MSSP OCCUPATIONAL THERAPIST OPTICIAN PHYSICAL THERAPIST PORTABLE X-RAY PROSTHETIST/ORTHOTISTS PROSTHETICS ORTHOTICS PSYCHOLOGIST SPEECH AND AUDIOLOGY | USERS 7,238 248 0 601 1,608 106 1,477 135 36 334 0 724 0 771 1 46 17 17 0 0 91 | UNITS OF SERVICE OR DAYS OF CARE 242,441 1,714 0 1,076 57,954 285 57,124 545 75 4,575 0 7,635 0 1,737 6 62 80 80 0 0 180 | C C | 1,606,206.19 101,566.83 .00 90,877.55 241,107.24 11,956.77 225,979.11 3,171.36 1,292.17 318,476.57 .00 399,618.94 .00 20,667.69 7.62 42.02 2,723.53 2,723.53 .00 .00 16,566.02 | PEF | CUNIT/DAY 6.63 59.26 .00 84.46 4.16 41.95 3.96 5.82 17.23 69.61 .00 52.34 .00 11.90 1.27 .68 34.04 34.04 34.04 .00 .00 92.03 | PER ELIG 6.019 .043 .000 .027 1.439 .007 1.418 .014 .002 .114 .000 .190 .000 .043 .000 .002 .002 .002 | S | COST PER USER 221.91 409.54 .00 151.21 149.94 112.80 153.00 23.49 35.89 953.52 .00 551.96 .00 26.81 7.62 .91 160.21 160.21 .00 .00 182.04 | | COST PER ELIGIBLE 39.88 2.52 .00 2.26 5.99 .30 5.61 .08 .03 7.91 .00 9.92 .00 .51 .00 .00 .07 .07 .00 .00 .07 .07 .00 .00 |
| 40,279 ELIGIBLES @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER SERVICES ACUPUNCTURE ADULT DAY HEALTH CARE CTR GENETIC DISEASE TESTING IHMC, MODEL-NF, NF, AIDS, MSSP OCCUPATIONAL THERAPIST OPTICIAN PHYSICAL THERAPIST PORTABLE X-RAY PROSTHETIST/ORTHOTISTS PROSTHETICS ORTHOTICS PSYCHOLOGIST SPEECH AND AUDIOLOGY HOSPICE SERVICES | USERS 7,238 248 0 601 1,608 106 1,477 135 36 334 0 724 0 771 1 46 17 17 0 0 91 94 | UNITS OF SERVICE OR DAYS OF CARE 242,441 1,714 0 1,076 57,954 285 57,124 545 75 4,575 0 7,635 0 1,737 6 62 80 80 0 0 180 2,193 | C C | 1,606,206.19 101,566.83 .00 90,877.55 241,107.24 11,956.77 225,979.11 3,171.36 1,292.17 318,476.57 .00 399,618.94 .00 20,667.69 7.62 42.02 2,723.53 2,723.53 2,723.53 .00 .00 16,566.02 239,562.37 | PEF | CUNIT/DAY 6.63 59.26 .00 84.46 4.16 41.95 3.96 5.82 17.23 69.61 .00 52.34 .00 11.90 1.27 .68 34.04 34.04 34.04 .00 .00 92.03 109.24 | PER ELIG 6.019 .043 .000 .027 1.439 .007 1.418 .014 .002 .114 .000 .190 .003 .000 .043 .000 .002 .002 .002 .002 .002 .002 .00 | S | COST PER USER 221.91 409.54 .00 151.21 149.94 112.80 153.00 23.49 35.89 953.52 .00 551.96 .00 26.81 7.62 .91 160.21 160.21 160.21 .00 .00 182.04 2548.54 | | COST PER ELIGIBLE 39.88 2.52 .00 2.26 5.99 .30 5.61 .08 .03 7.91 .00 9.92 .00 .51 .00 .00 .07 .07 .00 .00 .41 5.95 |
| 40,279 ELIGIBLES @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER SERVICES ACUPUNCTURE ADULT DAY HEALTH CARE CTR GENETIC DISEASE TESTING IHMC, MODEL-NF, NF, AIDS, MSSP OCCUPATIONAL THERAPIST OPTICIAN PHYSICAL THERAPIST PORTABLE X-RAY PROSTHETIST/ORTHOTISTS PROSTHETICS ORTHOTICS PSYCHOLOGIST SPEECH AND AUDIOLOGY | USERS 7,238 248 0 601 1,608 106 1,477 135 36 334 0 724 0 771 1 46 17 17 0 0 91 | UNITS OF SERVICE OR DAYS OF CARE 242,441 1,714 0 1,076 57,954 285 57,124 545 75 4,575 0 7,635 0 1,737 6 62 80 80 0 0 180 | C C | 1,606,206.19 101,566.83 .00 90,877.55 241,107.24 11,956.77 225,979.11 3,171.36 1,292.17 318,476.57 .00 399,618.94 .00 20,667.69 7.62 42.02 2,723.53 2,723.53 .00 .00 16,566.02 | PEF | CUNIT/DAY 6.63 59.26 .00 84.46 4.16 41.95 3.96 5.82 17.23 69.61 .00 52.34 .00 11.90 1.27 .68 34.04 34.04 34.04 .00 .00 92.03 | PER ELIG 6.019 .043 .000 .027 1.439 .007 1.418 .014 .002 .114 .000 .190 .000 .043 .000 .002 .002 .002 | S | COST PER USER 221.91 409.54 .00 151.21 149.94 112.80 153.00 23.49 35.89 953.52 .00 551.96 .00 26.81 7.62 .91 160.21 160.21 .00 .00 182.04 | | COST PER ELIGIBLE 39.88 2.52 .00 2.26 5.99 .30 5.61 .08 .03 7.91 .00 9.92 .00 .51 .00 .00 .07 .07 .00 .00 .07 .07 .00 .00 |

| LOCAL EDUCATION AGENCIES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
|-------------------------------|--------|---------|--------------------|-------------|-------|--------------|-------------|
| EPSDT SUPPLEMENTAL SERVICE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| RESPIRATORY CARE PRACT. | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PED SUBACUTE REHAB/WEANING | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER PROVIDERS | 3,711 | 165,154 | 173,697.64 | 1.05 | 4.100 | 46.81 | 4.31 |
| @CALIF. CHILDREN SERVICES* | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 |
| @XOVER EXCLUDING STATE HOSP** | 12,882 | 117,007 | \$ 2,429,547.58 | \$ 20.76 | 2.905 | \$ 188.60 | \$ 60.32 |

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 1,181 03/14/05

| BUTTE COUNTY | SUMMARY OF SER | VICES FOR ALL BLIND |) | | | | | | 03/14/03 |
|----------------------------|------------------|---------------------|---|-----------------|-----------------|----------------------|------------------|----|----------|
| BOTTE COONT | DOINTING OF BEIN | VIOLO ION THE DEINE | | | | MON | THLY AVERA | GE | |
| 3,002 ELIGIBLES | USERS | UNITS OF SERVICE | | EXPENDITURES | AVERAGE COST | UNITS/DAYS | COST PER | | COST PER |
| | | OR DAYS OF CARE | | | PER UNIT/DAY | | USER | | ELIGIBLE |
| @TOTAL, ALL PROVIDERS | 2,511 | 130,204 \$ | 5 | 2,641,379.89 | \$ 20.29 | 43.372 | 1051.92 | \$ | 879.87 |
| @PHYSICIANS SERVICES | 0/3 | 3 , 196 \$ | 5 | 60,399.95 | \$ 18.90 | 1.065 | 89.75 | | |
| OUTPATIENT VISITS | 211 | 316 | | 11,703.38 | 37.04 | .105 | 55.47 | | 3.90 |
| OFFICE VISITS | 170 | 252 | | 8,068.58 | 32.02 | .105 .084 .000 | 47.46 | | 2.69 |
| HOME VISITS | 0 | 0 | | .00 | .00 | .000 | .00 | | .00 |
| EMERGENCY ROOM | 35 | 54 | | 3,330.44 | 61.67 | .018 | 95.16 | | 1.11 |
| PREVENTIVE CARE | 0 | 0 | | .00 | .00 | .000 | .00 | | .00 |
| OB VISITS/COMPRE PERI | 0 | 0 | | .00 | .00 | .000 | .00 | | .00 |
| OTHER OUTPATIENT | 10 | 10 | | 304.36 | 30.44 | .003 | 30.44 | | .10 |
| INPATIENT VISITS | 44 | 122 | | 4,861.06 | 39.84 | .041 | 110.48 167.33 | | 1.62 |
| HOSPITAL VISITS | 24 | 92 | | 4,015.96 | 43.65 | .031 | 167.33 | | 1.34 |
| CRITICAL CARE | 2 | 3 | | 364.80 | 121.60 | .001 | 182.40 | | .12 |
| SNF/ICF/TRANS IP CARE | 20 30 | 27 | | 480.30 | 17.79 38.25 | .009 | 24.02 | | .16 |
| OPHTHALMOLOGICAL SERVICES | 30 | 32 | | 1,224.00 | 38.25 | .011 | 40.80 | | .41 |
| EXAMINATIONS | 30 | 32 | | 1,224.00 | 38.25 | .011 | 40.80 | | .41 |
| SERVICES AND MATERIALS | 0 | 0 | | .00 | .00 | .000 | .00 | | .00 |
| INPATIENT HOSPITAL SURGERY | 8 | 54 | | 4,910.06 | 90.93 | | 613.76 | | |
| PRINCIPAL SURGEON | 6 | 23 | | 4,423.35 | 192.32 | .008 | 737.23 | | 1.47 |
| ASSISTANT SURGEON | 0 | 0 | | .00 | .00 | .000 | .00 | | .00 |
| ANESTHESIOLOGIST | 3 | 31 | | 486.71 | 15.70 | .010 | 162.24 | | .16 |
| OUTPATIENT SURGERY | 44 | 191 | | | 61.29 | | 266.06 | | 3.90 |
| PRINCIPAL SURGEON | 33 | 42 | | 9,013.35 | 214.60 | .014 | 273.13 | | 3.00 |
| ASSISTANT SURGEON | 0 | 0 | | .00 | .00 | .000 | .00 | | .00 |
| ANESTHESIOLOGIST | 15 | 149 | | 2,693.15 | 18.07 | .050 | 179.54 | | .90 |
| DIALYSIS | 10 | 15 | | 3,207.16 | 213.81 24.77 | .005 | 320.72 | | 1.07 |
| PATHOLOGY | 10 | 29 | | | | | 39.91 | | .24 |
| RADIOLOGY | 124 | 217 | | 5,495.65 | 25.33 | | 44.32 | | 1.83 |
| PSYCHIATRY | 0 | 0 | | .00 1,781.70 | .00 | .000 | .00 | | .00 |
| IMMUNIZATION AND INJECTION | 10 | 1,156 | | 1,781.70 | 1.54 | .385 | 178.17 | | .59 |
| OTHER SERVICES/ALL X-OVERS | 363 | 1,064 | | 14,792.12 | 13.90 | .354 | 40.75 | | 4.93 |
| @PHARMACY | 2,006 1,943 | 57,433 \$ | 5 | 1,011,215.02 | \$ 17.61 | 19.132 | 504.10 | \$ | |
| PRESCRIPTION DRUGS | | 10,470 | | | 89.84 | 3.488 | 484.12 | | 313.34 |
| SNF/ICF | 120 | 1,022 | | 79,210.72 | 77.51 | .340 | 660.09 | | 26.39 |
| OUTPATIENTS | 1,825 | 9,448 | | 861,428.43 | 91.18 1.50 | 3.147 | 472.02 | | 286.95 |
| MEDICAL SUPPLIES | 435 | 46,963 | | 70,575.87 | 1.50 | 15.644 | 162.24 | | 23.51 |
| @DENTIST | 106 | 522 \$ | 5 | 17,544.95 | \$ 33.61 | .174 | | | |
| VISITS - DIAGNOSTIC | 85 | 328 | | 4,328.85 | 13.20 43.91 | .109 .015 | 50.93 | | 1.44 |
| ORAL SURGERY | 15 | 44 | | • | | | | | .64 |
| DRUGS | 0 | 0 | | .00 | .00 | .000 | .00 | | .00 |
| ANESTHESIA | 0 | 0 | | .00 | .00 | .000 | .00 | | .00 |

| PERIODONTICS | 8 | 13 | 1,254.00 | 96.46 | .004 | 156.75 | .42 |
|----------------------------|-------------------|------------------|--------------------|---------------|--------------|--------------|------------|
| ENDODONTICS | 7 | 8 | 2,270.00 | 283.75 | .003 | 324.29 | .76 |
| RESTORATIVE DENTISTRY | 29 | 81 | 4,162.00 | 51.38 | .027 | 143.52 | 1.39 |
| PROSTHETICS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| DENTURES, STAYPLATES | 10 | 40 | 3,598.00 | 89.95 | .013 | 359.80 | 1.20 |
| SPACE MAINTAINERS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| MAXILLOFACIAL SERVICES | 1 | 1 | .00 | .00 | .000 | .00 | .00 |
| FRACTURES, DISLOCATIONS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ORTHODONTIC SERVICES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER SERVICES | 3 | 7 | .00 | .00 | .002 | .00 | .00 |
| #CALIF DEPT OF HEALTH SERV | MEDI-CAL SERVICES | AND EXPENDITURES | MONTH-OF-PAYMENT R | EPORT FOR JAN | 2004 THRU DI | EC 2004 | PAGE 1,182 |
| MOP024 | FEE-FOR-SERVICE/D | ENTAL | | | | | 03/14/05 |
| BUTTE COUNTY | SUMMARY OF SERVIC | ES FOR ALL BLIND | | | | | |
| | | | | | MOI | NTHLY AVERAC | E |
| 3,002 ELIGIBLES | USERS U | NITS OF SERVICE | EXPENDITURES | AVERAGE COST | UNITS/DAYS | COST PER | COST PER |
| | | OR DAYS OF CARE | | PER UNIT/DAY | PER ELIG | USER | ELIGIBLE |

| 2 222 | | | | | | | | | .nli Avera | | ~~~~ |
|------------------------------|-------|------------------|----|--------------|----|------------|------|----|------------|----|----------|
| 3,002 ELIGIBLES | USERS | UNITS OF SERVICE | | EXPENDITURES | | ERAGE COST | | | | | COST PER |
| | | OR DAYS OF CARE | | | | R UNIT/DAY | | | USER | | ELIGIBLE |
| @OPTOMETRIST | 56 | 126 | \$ | 4,915.96 | \$ | 39.02 | .042 | \$ | 87.79 | \$ | 1.64 |
| DIAGNOSTIC AND ANC. PROCED | 21 | 22 | | 1,043.03 | | 47.41 | .007 | | 49.67 | | .35 |
| EYE APPLIANCES | 34 | 90 | | 3,652.67 | | 40.59 | .030 | | 107.43 | | 1.22 |
| OTHER OPTOMETRIC SERVICES | 9 | 14 | | 220.26 | | 15.73 | .005 | | 24.47 | | .07 |
| @CHIROPRACTOR | 0 | 0 | \$ | .00 | \$ | .00 | .000 | \$ | .00 | \$ | .00 |
| VISITS | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| OTHER SERVICES | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| @PODIATRIST | 53 | 61 | \$ | 893.95 | \$ | 14.65 | .020 | \$ | 16.87 | \$ | .30 |
| MEDICINE/INJECTIONS | 12 | 13 | | 415.90 | | 31.99 | .004 | | 34.66 | | .14 |
| SURGERY/ANES. | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| RADIO./PATHOLOGY | 2 | 3 | | 51.90 | | 17.30 | .001 | | 25.95 | | .02 |
| OTHER | 41 | 45 | | 426.15 | | 9.47 | .015 | | 10.39 | | .14 |
| @HOME HEALTH AGENCY | 22 | 818 | \$ | 22,004.88 | \$ | 26.90 | .272 | \$ | | \$ | 7.33 |
| NURSE ANESTHESIST | 3 | 23 | \$ | 199.78 | \$ | 8.69 | | \$ | 66.59 | \$ | .07 |
| NURSE MIDWIFE | 0 | 0 | \$ | .00 | \$ | .00 | | \$ | .00 | \$ | .00 |
| PEDIATRIC NURSE PRACTITIONER | 0 | 0 | \$ | .00 | \$ | .00 | .000 | \$ | | \$ | .00 |
| FAMILY NURSE PRACTITIONER | 14 | 26 | \$ | | \$ | 20.09 | | \$ | 37.31 | | .17 |
| @TOTAL HOSPITAL | 571 | 2,943 | \$ | | | 144.15 | .980 | | | | 141.32 |
| HOSP INPATIENT TOTAL | 58 | 161 | · | 353,239.46 | · | 2194.03 | .054 | • | 6090.34 | · | 117.67 |
| HSC HOSPITALS | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| NON-HSC HOSPITAL TOTAL | 30 | 161 | | 328,257.09 | | 2038.86 | .054 | | 10941.90 | | 109.35 |
| ACCOMMODATIONS | 30 | 161 | | 101,080.92 | | 627.83 | .054 | | 3369.36 | | 33.67 |
| ADMINISTRATIVE DAYS | 0 | | | .00 | | .00 | .000 | | .00 | | .00 |
| TRANSITIONAL IP CARE | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| ALL OTHER ACCOM | 30 | 161 | | 101,080.92 | | 627.83 | .054 | | 3369.36 | | 33.67 |
| ANCILLARIES | 30 | 0 | | 227,176.17 | | .00 | .000 | | 7572.54 | | 75.67 |
| INPATIENT CROSSOVERS | 28 | 0 | | 24,982.37 | | .00 | .000 | | 892.23 | | 8.32 |
| ALL OTHER INPATIENT | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| HOSP OUTPATIENT TOTAL | 552 | 2,782 | | 70,997.77 | | 25.52 | .927 | | 128.62 | | 23.65 |
| MEDICAL | 152 | 336 | | 16,806.64 | | 50.02 | .112 | | 110.57 | | 5.60 |
| SURGERY | 31 | 36 | | 2,048.48 | | 56.90 | .012 | | 66.08 | | .68 |
| PATHOLOGY | 145 | 557 | | 7,435.75 | | 13.35 | .186 | | 51.28 | | 2.48 |
| RADIOLOGY | 84 | 123 | | 8,345.11 | | 67.85 | .041 | | 99.35 | | 2.78 |
| ROOM USE | 153 | 350 | | 14,528.67 | | 41.51 | .117 | | 94.96 | | 4.84 |
| CROSSOVERS/ALL OTH OUTPINT | 337 | 1,380 | | 21,833.12 | | 15.82 | .460 | | 64.79 | | 7.27 |
| @COUNTY HOSPITAL TOTAL | 0 | 1,300 | \$ | .00 | \$ | .00 | .000 | Ċ | .00 | Ċ | .00 |
| CO HOSPITAL INPATIENT TOTAL | 0 | 0 | ې | .00 | ۲ | .00 | .000 | ۲ | .00 | ۲ | .00 |
| HSC HOSPITALS | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| | 0 | 0 | | .00 | | | .000 | | .00 | | .00 |
| NON-HSC HOSPITALS TOTAL | 0 | 0 | | | | .00 | | | | | |
| ACCOMMODATIONS | U | U | | .00 | | .00 | .000 | | .00 | | .00 |

| ADMINISTRATIVE DAYS | 0 | 0 | | .00 | .00 | .000 | .00 | | .00 |
|-----------------------------|-----------------|--------------------|----------|-------------------------|---------------|-------------|-------------|----------|-----------|
| TRANSITIONAL IP CARE | 0 | 0 | | .00 | .00 | .000 | .00 | | .00 |
| ALL OTHER ACCOM | 0 | 0 | | .00 | .00 | .000 | .00 | | .00 |
| ANCILLARIES | 0 | 0 | | .00 | .00 | .000 | .00 | | .00 |
| | 0 | 0 | | .00 | .00 | .000 | .00 | | .00 |
| INPATIENT CROSSOVERS | 0 | 0 | | | | | | | |
| ALL OTHER INPATIENT | U | 0 | | .00 | .00 | .000 | .00 | | .00 |
| CO HOSP OUTPATIENT TOTAL | 0 | 0 | | .00 | .00 | .000 | .00 | | .00 |
| MEDICAL | 0 | 0 | | .00 | .00 | .000 | .00 | | .00 |
| SURGERY | 0 | 0 | | .00 | .00 | .000 | .00 | | .00 |
| PATHOLOGY | 0 | 0 | | .00 | .00 | .000 | .00 | | .00 |
| RADIOLOGY | 0 | Ô | | .00 | .00 | .000 | .00 | | .00 |
| ROOM USE | 0 | 0 | | .00 | .00 | .000 | .00 | | .00 |
| | 0 | 0 | | | | | | | |
| CROSSOVERS/ALL OTH OUTPTNT | 0 | 0 | | .00 | .00 | .000 | .00 | _ | .00 |
| #CALIF DEPT OF HEALTH SERV | | CES AND EXPENDITUR | ES MO | ONTH-OF-PAYMENT RE | EPORT FOR JAN | 2004 THRU D | EC 2004 | P | AGE 1,183 |
| MOP024 | FEE-FOR-SERVICE | C/DENTAL | | | | | | | 03/14/05 |
| BUTTE COUNTY | SUMMARY OF SERV | ICES FOR ALL BLI | ND | | | | | | |
| | | | | | | MOI | NTHLY AVERA | GE. | |
| 3,002 ELIGIBLES | USERS | UNITS OF SERVICE | | EXPENDITURES | AVERAGE COST | UNITS/DAYS | COST PER | | COST PER |
| 0,002 221012220 | 00210 | OR DAYS OF CARE | | 2111 2113 1 1 0 1 1 2 2 | PER UNIT/DAY | | USER | | ELIGIBLE |
| @COMMUNITY HOSPITAL TOTAL | 571 | 2,943 | \$ | 424,237.23 | | | \$ 742.97 | | |
| | | | ۲ | | | | | ې | |
| COMM HOSP INPATIENT TOTAL | 58 | 161 | | | 2194.03 | .054 | 6090.34 | | 117.67 |
| HSC HOSPITALS | 0 | 0 | | .00 | .00 | .000 | .00 | | .00 |
| NON-HSC HOSPITALS TOTAL | 30 | 161 | | 328,257.09 | 2038.86 | .054 | 10941.90 | | |
| ACCOMMODATIONS | 30 | 161 | | 101,080.92 | 627.83 | .054 | 3369.36 | | 33.67 |
| ADMINISTRATIVE DAYS | 0 | 0 | | .00 | .00 | .000 | .00 | | .00 |
| TRANSITIONAL IP CARE | 0 | 0 | | .00 | .00 | .000 | .00 | | .00 |
| ALL OTHER ACCOM | 30 | 161 | | 101,080.92 | 627.83 | .054 | 3369.36 | | 33.67 |
| ANCILLARIES | 30 | 0 | | 227,176.17 | .00 | .000 | 7572.54 | | 75.67 |
| | | | | • | | | | | |
| INPATIENT CROSSOVERS | 28 | 0 | | 24,982.37 | .00 | .000 | 892.23 | | 8.32 |
| ALL OTHER INPATIENT | 0 | 0 | | .00 | .00 | .000 | .00 | | .00 |
| COMM HOSP OUTPATIENT TOTAL | 552 | 2,782 | | 70 , 997.77 | 25.52 | .927 | 128.62 | | 23.65 |
| MEDICAL | 152 | 336 | | 16,806.64 | 50.02 | .112 | 110.57 | | 5.60 |
| SURGERY | 31 | 36 | | 2,048.48 | 56.90 | .012 | 66.08 | | .68 |
| PATHOLOGY | 145 | 557 | | 7,435.75 | 13.35 | . 186 | 51.28 | | 2.48 |
| RADIOLOGY | 84 | 123 | | 8,345.11 | 67.85 | .041 | 99.35 | | 2.78 |
| ROOM USE | 153 | 350 | | 14,528.67 | 41.51 | .117 | 94.96 | | 4.84 |
| CROSSOVERS/ALL OTH OUTPTNT | | 1,380 | | 21,833.12 | 15.82 | .460 | 64.79 | | 7.27 |
| | | - | Ċ | | | | | Ċ | |
| @STATE HOSPITAL | 0 | 0 | \$ | | \$.00 | .000 | | Ş | .00 |
| MENTALLY ILL | 0 | 0 | | .00 | .00 | .000 | .00 | | .00 |
| DEVELOP. DISABLED | 0 | 0 | | .00 | .00 | .000 | .00 | | .00 |
| @NURSING FACILITY | 101 | 2,612 | \$ | 319,914.20 | \$ 122.48 | .870 | \$ 3167.47 | \$ | 106.57 |
| LEV A-INTERMEDIATE | 0 | 0 | | .00 | .00 | .000 | .00 | | .00 |
| LEV B-REHAB MD | 0 | 0 | | .00 | .00 | .000 | .00 | | .00 |
| LEV B-SUBACUTE FREESTANDING | n | n | | .00 | .00 | .000 | .00 | | .00 |
| LEV B-SUBACUTE HSPTL BASED | 0 | 0 | | .00 | .00 | .000 | .00 | | .00 |
| | 0 | 0 | | .00 | | | | | |
| LEV B-TRANSITIONAL IP CARE | | | | | .00 | .000 | .00 | | .00 |
| LEV B-REGULAR | 101 | 2,612 | | 319,914.20 | 122.48 | .870 | | | 106.57 |
| @INTERMEDIATE CARE FACILDD | 71 | 2,092 | \$ | | \$ 193.23 | | \$ 5693.62 | \$ | 134.66 |
| ICF DDH | 24 | 676 | | 109,063.56 | 161.34 | .225 | 4544.32 | | 36.33 |
| ICF DD | 0 | 0 | | .00 | .00 | .000 | .00 | | .00 |
| ICF DDN/DDCN | 47 | 1,416 | | 295,183.60 | 208.46 | .472 | 6280.50 | | 98.33 |
| @HEMODIALYSIS TOTAL | 58 | 2,652 | \$ | | \$ 24.19 | | \$ 1105.89 | Ś | 21.37 |
| HOSPITAL BASED | 0 | 0 | т | .00 | .00 | .000 | .00 | -7 | .00 |
| | 58 | | | | | | | | |
| HEMODIALYSIS CENTER | | 2,652 | <u> </u> | 64,141.83 | 24.19 | .883 | 1105.89 | <u>_</u> | 21.37 |
| @REHABILITATION FACILITY | 39 | 385 | \$ | · | \$ 16.87 | | \$ 166.51 | Ş | 2.16 |
| HOSPITAL BASED | 7 | 32 | | 787.40 | 24.61 | .011 | 112.49 | | .26 |
| | | | | | | | | | |

| INDEPENDENT FACILITY | 32 | 353 | | 5,706.36 | | 16.17 | .118 | | 178.32 | | 1.90 |
|--------------------------------|-----------------|------------------|-------|--------------------|-------|------------|-----------|------|-----------|------|-----------|
| @LABORATORY FACILITY | 87 | 363 | \$ | 5,186.31 | \$ | 14.29 | .121 | \$ | 59.61 | \$ | 1.73 |
| PATHOLOGY | 83 | 355 | | 5 , 157.71 | | 14.53 | .118 | | 62.14 | | 1.72 |
| XO AND OTHERS | 4 | 8 | | 28.60 | | 3.58 | .003 | | 7.15 | | .01 |
| @ORGANIZED OUTPATIENT CLINIC | 508 | 972 | \$ | 103,061.97 | \$ | 106.03 | .324 | \$ | 202.88 | \$ | 34.33 |
| CLINIC | 16 | 46 | | 2,967.18 | | 64.50 | .015 | | 185.45 | | .99 |
| SURGICENTER | 7 | 25 | | 1,653.81 | | 66.15 | .008 | | 236.26 | | .55 |
| HEROIN DETOX CLINIC | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| RURAL HEALTH CLINIC | 487 | 901 | | 98,440.98 | | 109.26 | .300 | | 202.14 | | 32.79 |
| #CALIF DEPT OF HEALTH SERV | MEDI-CAL SERVIC | ES AND EXPENDITU | RES 1 | MONTH-OF-PAYMENT R | EPORT | FOR JAN | 2004 THRU | DEC | 2004 | Ρž | AGE 1,184 |
| MOP024 | FEE-FOR-SERVICE | /DENTAL | | | | | | | | | 03/14/05 |
| BUTTE COUNTY | SUMMARY OF SERV | ICES FOR ALL BI | IND | | | | | | | | |
| | | | | | | | M | TNOI | HLY AVERA | GE · | |
| 3,002 ELIGIBLES | USERS | UNITS OF SERVIC | E | EXPENDITURES | AVE | RAGE COST | UNITS/DAY | S | COST PER | (| COST PER |
| | | OR DAYS OF CAR | E | | PER | R UNIT/DAY | PER ELIC | | USER |] | ELIGIBLE |
| @ALL OTHER PROVIDERS | 597 | 55 , 980 | \$ | 196,400.62 | \$ | 3.51 | 18.648 | \$ | 328.98 | \$ | 65.42 |
| DURABLE MED. EQUIP. | 40 | 129 | | 28,433.36 | | 220.41 | .043 | | 710.83 | | 9.47 |
| BLOOD BANK | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| HEARING AID DISPENSERS | 57 | 112 | | 9,376.48 | | | .037 | | 164.50 | | 3.12 |
| | 142 | 6,082 | | 29 , 951.56 | | 4.92 | 2.026 | | 210.93 | | 9.98 |
| AMBULANCES/AIR TRANS | 40 | 252 | | 5,297.09 | | 21.02 | .084 | | 132.43 | | 1.76 |
| OTHER TRANS | 105 | 5 , 795 | | 24,612.31 | | 4.25 | 1.930 | | 234.40 | | 8.20 |
| OTHER SERVICES | 4 | 35 | | 42.16 | | 1.20 | .012 | | 10.54 | | .01 |
| ACUPUNCTURE | 2 | 2 | | 32.44 | | 16.22 | .001 | | 16.22 | | .01 |
| ADULT DAY HEALTH CARE CTR | 22 | 352 | | 24,502.60 | | 69.61 | .117 | | 1113.75 | | 8.16 |
| GENETIC DISEASE TESTING | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| IHMC, MODEL-NF, NF, AIDS, MSSP | 87 | 1 , 757 | | 65,107.36 | | 37.06 | .585 | | 748.36 | | 21.69 |
| OCCUPATIONAL THERAPIST | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| OPTICIAN | 40 | 90 | | 3 , 960.65 | | 44.01 | .030 | | 99.02 | | 1.32 |
| PHYSICAL THERAPIST | 3 1 | 26 | | 402.13 | | 15.47 | .009 | | 134.04 | | .13 |
| PORTABLE X-RAY | | 1 | | .61 | | .61 | .000 | | .61 | | .00 |
| PROSTHETIST/ORTHOTISTS | 11 | 22 | | 2,986.54 | | 135.75 | .007 | | 271.50 | | .99 |

| PROSTHETICS | 10 | 21 | 2,944.54 | 140.22 | .007 | 294.45 | .98 |
|-------------------------------|-----|--------|------------------|-------------|--------|--------------|-------------|
| ORTHOTICS | 1 | 1 | 42.00 | 42.00 | .000 | 42.00 | .01 |
| PSYCHOLOGIST | 3 | 10 | 693.40 | 69.34 | .003 | 231.13 | .23 |
| SPEECH AND AUDIOLOGY | 8 | 15 | 830.16 | 55.34 | .005 | 103.77 | .28 |
| HOSPICE SERVICES | 1 | 15 | 1,704.30 | 113.62 | .005 | 1704.30 | .57 |
| NONINST BIRTHING CENTERS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| LOCAL EDUCATION AGENCIES | 40 | 1,687 | 12,496.66 | 7.41 | .562 | 312.42 | 4.16 |
| EPSDT SUPPLEMENTAL SERVICE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| RESPIRATORY CARE PRACT. | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PED SUBACUTE REHAB/WEANING | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER PROVIDERS | 249 | 45,680 | 15,922.37 | .35 | 15.217 | 63.95 | 5.30 |
| @CALIF. CHILDREN SERVICES* | 88 | 966 | \$ 60,239.76 | \$ 62.36 | .322 | \$ 684.54 | \$ 20.07 |
| @XOVER EXCLUDING STATE HOSP** | 634 | 5,858 | \$ 136,828.86 | \$ 23.36 | 1.951 | \$ 215.82 | \$ 45.58 |

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

MOP024

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 FEE-FOR-SERVICE/DENTAL

PAGE 1,185 03/14/05

BUTTE COUNTY SUMMARY OF SERVICES FOR ALL DISABLED

| BOTTE COUNTY | SOMMANI OF SEN | VICES FOR ALL DISAL | ال تا تا د | | | MONI | | CE |
|---|----------------|---------------------|------------|---------------|----------------|-----------|----------|-----------|
| 100 100 BLIGTBIES | Hanna | INITES OF SERVICE | | | ATTERNACE COOR | MON' | | |
| 128,102 ELIGIBLES | USERS | UNITS OF SERVICE | | EXPENDITURES | | | COST PER | COST PER |
| 0.000.00.00.00.00.00.00.00.00.00.00.00. | 114 000 | OR DAYS OF CARE | | 00 101 004 16 | PER UNIT/DAY | | USER | ELIGIBLE |
| @TOTAL, ALL PROVIDERS | 114,029 | 2,518,633 \$ | | 99,121,994.16 | \$ 39.36 | 19.661 \$ | | \$ 773.77 |
| @PHYSICIANS SERVICES | 27,132 | - / | 5 | | \$ 34.70 | .758 \$ | | |
| OUTPATIENT VISITS | 9,082 | 12,388 | | 475,903.47 | 38.42 | .097 | | 3.72 |
| OFFICE VISITS | 7,253 | 9,590 | | 315,905.63 | 32.94 | | 43.56 | 2.47 |
| HOME VISITS | 27 | 36 | | 1,849.00 | 51.36 | .000 | 68.48 | .01 |
| EMERGENCY ROOM | 1,521 | 2,052 | | 129,269.26 | 63.00 | | 84.99 | |
| PREVENTIVE CARE | 1 | 1 | | 35.77 | 35.77 | | 35.77 | .00 |
| OB VISITS/COMPRE PERI | 67 | 88 | | 3,001.01 | 106.30 | .001 | 139.62 | .07 |
| OTHER OUTPATIENT | 542 | 621 | | 19,489.24 | 31.38 | | 35.96 | .15 |
| INPATIENT VISITS | 2,242 | 10,960 | | 481,910.43 | 43.97 | .086 | 214.95 | 3.76 |
| HOSPITAL VISITS | 1 , 926 | 9,855 | | 384,524.98 | 39.02 | .077 | 199.65 | 3.00 |
| CRITICAL CARE | 172 | 608 | | 83,763.94 | 137.77 | .005 | 487.00 | .65 |
| SNF/ICF/TRANS IP CARE | 310 | 497 | | 13,621.51 | 27.41 | .004 | 43.94 | .11 |
| OPHTHALMOLOGICAL SERVICES | 888 | 1,026 | | 41,375.04 | 40.33 | .008 | 46.59 | .32 |
| EXAMINATIONS | 883 | 1,021 | | 41,275.04 | 40.43 | .008 | 46.74 | .32 |
| SERVICES AND MATERIALS | 5 | 5 | | 100.00 | 20.00 | .000 | 20.00 | .00 |
| INPATIENT HOSPITAL SURGERY | 1,007 | 6,513 | | 530,450.38 | 81.44 | .051 | 526.76 | 4.14 |
| PRINCIPAL SURGEON | 802 | 1,387 | | 428,361.10 | 308.84 | .011 | 534.12 | 3.34 |
| ASSISTANT SURGEON | 102 | 105 | | 21,283.00 | 202.70 | .001 | 208.66 | .17 |
| ANESTHESIOLOGIST | 299 | 5,021 | | 80,806.28 | 16.09 | .039 | 270.26 | .63 |
| OUTPATIENT SURGERY | 1,834 | 5,638 | | | 77.68 | | 238.79 | 3.42 |
| PRINCIPAL SURGEON | 1,549 | 2,086 | | 378,571.67 | 181.48 | .016 | 244.40 | 2.96 |
| ASSISTANT SURGEON | . 19 | . 19 | | 1,884.62 | 99.19 | .000 | 99.19 | .01 |
| ANESTHESIOLOGIST | 367 | 3,533 | | 57,476.88 | 16.27 | .028 | 156.61 | .45 |
| DIALYSIS | 103 | 298 | | 27,424.51 | 92.03 | | 266.26 | .21 |
| PATHOLOGY | 1,102 | 2,655 | | 70,638.94 | 26.61 | .021 | 64.10 | .55 |
| RADIOLOGY | 8,618 | 17,728 | | 559,496.88 | 31.56 | .138 | 64.92 | 4.37 |
| PSYCHIATRY | 6 | 8 | | 409.07 | 51.13 | .000 | 68.18 | .00 |
| IMMUNIZATION AND INJECTION | 451 | 8,823 | | 153,102.82 | 17.35 | .069 | 339.47 | 1.20 |
| OTHER SERVICES/ALL X-OVERS | 11,586 | 31,012 | | 588,527.80 | 18.98 | .242 | 50.80 | 4.59 |
| @PHARMACY | 90,940 | | 3 | | \$ 41.61 | 8.954 \$ | | |
| PRESCRIPTION DRUGS | 89,553 | 455,526 | | 46,012,324.33 | 101.01 | 3.556 | 513.80 | 359.19 |
| SNF/ICF | 2,007 | 17,307 | | 1,353,425.55 | 78.20 | .135 | 674.35 | 10.57 |
| OUTPATIENTS | 87,733 | 438,219 | | 44,658,898.78 | 101.91 | 3.421 | 509.03 | 348.62 |
| COTTATIENTS | 07,733 | 430,213 | | 11,000,000.70 | 101.71 | J.7L1 | 505.05 | 240.02 |

| MEDICAL SUPPLIES | 11,223 | 691 , 558 | 1,722,526.89 | | 2.49 | 5.398 | 153.48 | | 13.45 |
|----------------------------|----------------|------------------------|---------------------|--------|---------|-------------|-------------|----|-----------|
| @DENTIST | 4,917 | | 944,214.59 | | 42.12 | | \$ 192.03 | | 7.37 |
| VISITS - DIAGNOSTIC | 3,280 | 13,195 | 172,766.21 | | 13.09 | | 52.67 | | 1.35 |
| ORAL SURGERY | 789 | 2,416 | 125,336.80 | | 51.88 | .019 | 158.86 | | .98 |
| DRUGS | 16 | 16 | 300.00 | | 18.75 | .000 | 18.75 | | .00 |
| ANESTHESIA | 31 | 34 | 2,920.00 | | 85.88 | .000 | 94.19 | | .02 |
| PERIODONTICS | 322 | 355 | 37,496.00 | | 105.62 | .003 | 116.45 | | .29 |
| ENDODONTICS | 367 | 557 | 129,423.00 | : | 232.36 | | 352.65 | | 1.01 |
| RESTORATIVE DENTISTRY | 1,434 | 3 , 906 | 260,164.90 | | 66.61 | .030 | 181.43 | | 2.03 |
| PROSTHETICS | 42 | 42 | 1,185.00 | | 28.21 | .000 | 28.21 | | .01 |
| DENTURES, STAYPLATES | 545 | 1,574 | 197,217.30 | | 125.30 | .012 | 361.87 | | 1.54 |
| SPACE MAINTAINERS | 4 | 5 | 831.00 | | 166.20 | .000 | 207.75 | | .01 |
| MAXILLOFACIAL SERVICES | 12 | 13 | 4,198.84 | | 322.99 | .000 | | | |
| FRACTURES, DISLOCATIONS | 1 | 2 | 740.54 11,335.00 | | 370.27 | | | | |
| ORTHODONTIC SERVICES | 103 | 140 | | | 80.96 | .001 | | | .09 |
| ALL OTHER SERVICES | 107 | 161 | 300.00 | | 1.86 | .001 | 2.80 | | .00 |
| #CALIF DEPT OF HEALTH SERV | | CES AND EXPENDITURES I | MONTH-OF-PAYMENT RE | PORT : | FOR JAN | 2004 THRU D | EC 2004 | P. | AGE 1,186 |
| MOP024 | FEE-FOR-SERVIC | | | | | | | | 03/14/05 |
| BUTTE COUNTY | SUMMARY OF SER | VICES FOR ALL DISABLE | ED | | | | | | |
| | | | | | | | NTHLY AVERA | - | |
| 128,102 ELIGIBLES | USERS | UNITS OF SERVICE | EXPENDITURES | | | UNITS/DAYS | | | COST PER |
| _ | | OR DAYS OF CARE | | | | PER ELIG | USER | | ELIGIBLE |
| @OPTOMETRIST | 3,548 | 9,595 \$ | 196,564.81 | | 20.49 | | • | Ş | 1.53 |
| DIAGNOSTIC AND ANC. PROCED | 1,502 | 1,580 | 65,832.31 | | 41.67 | | | | .51 |
| EYE APPLIANCES | 2,695 | 7,547 | 121,372.72 | | 16.08 | .059 | | | .95 |
| OTHER OPTOMETRIC SERVICES | 348 | 468 | 9,359.78 | | 20.00 | | | | .07 |
| @CHIROPRACTOR | 358 | 658 \$ | 10,613.11 | | 16.13 | .005 | • | Ş | .08 |
| VISITS | 337 | 634 | 10,253.54 | | 16.17 | .005 | 30.43 | | .08 |
| OTHER SERVICES | 21 | 24 | 359.57 | | 14.98 | .000 | | | .00 |
| @PODIATRIST | 1,096 | 2,082 \$ | 27,300.11 | | 13.11 | | • | Ş | |
| MEDICINE/INJECTIONS | 381 | 431 | 11,263.84 | | 26.13 | | 29.56 | | .09 |
| SURGERY/ANES. | 3 | 5 | 184.30 | | 36.86 | .000 | 61.43 | | .00 |

| @OPTOMETRIST | 3,548 | 9,595 | \$, | \$ | .075 | \$ 55.40 | \$ 1.53 |
|------------------------------|-----------------|------------------|---------------------|--------------|-------|---------------|--------------|
| DIAGNOSTIC AND ANC. PROCED | 1 , 502 | 1,580 | 65,832.31 | 41.67 | .012 | 43.83 | .51 |
| EYE APPLIANCES | 2 , 695 | 7 , 547 | 121,372.72 | 16.08 | .059 | 45.04 | .95 |
| OTHER OPTOMETRIC SERVICES | 348 | 468 | 9,359.78 | 20.00 | .004 | 26.90 | .07 |
| @CHIROPRACTOR | 358 | 658 | \$ | \$ | .005 | \$ | \$.08 |
| VISITS | 337 | 634 | 10,253.54 | 16.17 | .005 | 30.43 | .08 |
| OTHER SERVICES | 21 | 24 | 359.57 | 14.98 | .000 | 17.12 | .00 |
| @PODIATRIST | 1,096 | 2,082 | \$, | \$ | .016 | \$ | \$.21 |
| MEDICINE/INJECTIONS | 381 | 431 | 11,263.84 | 26.13 | .003 | 29.56 | .09 |
| SURGERY/ANES. | 3 | 5 | 184.30 | 36.86 | .000 | 61.43 | .00 |
| RADIO./PATHOLOGY | 29 | 38 | 666.04 | 17.53 | .000 | 22.97 | .01 |
| OTHER | 711 | 1,608 | 15,185.93 | 9.44 | .013 | 21.36 | .12 |
| @HOME HEALTH AGENCY | 759 | 46,968 | \$ 1,495,825.50 | \$ | .367 | \$ 1970.78 | \$ 11.68 |
| NURSE ANESTHESIST | 207 | 2,508 | \$, | \$ | .020 | 117.99 | .19 |
| NURSE MIDWIFE | 127 | 822 | \$ | \$ | .006 | 152.37 | .15 |
| PEDIATRIC NURSE PRACTITIONER | 1 | 1 | \$ 18.10 | \$ 18.10 | .000 | \$ 18.10 | \$.00 |
| FAMILY NURSE PRACTITIONER | 761 | 1,603 | \$ 25,243.47 | \$ 15.75 | .013 | \$ 33.17 | \$.20 |
| @TOTAL HOSPITAL | 28,348 | 151 , 673 | \$ 24,786,284.51 | \$ 163.42 | 1.184 | \$ 874.36 | \$ 193.49 |
| HOSP INPATIENT TOTAL | 2,444 | 10,097 | 20,508,083.72 | 2031.11 | .079 | 8391.20 | 160.09 |
| HSC HOSPITALS | 170 | 1,452 | 2,099,912.60 | 1446.22 | .011 | 12352.43 | 16.39 |
| NON-HSC HOSPITAL TOTAL | 1 , 557 | 8,645 | 17,757,402.09 | 2054.07 | .067 | 11404.88 | 138.62 |
| ACCOMMODATIONS | 1,556 | 8,645 | 5,576,442.33 | 645.05 | .067 | 3583.83 | 43.53 |
| ADMINISTRATIVE DAYS | 4 | 27 | 5 , 367.94 | 198.81 | .000 | 1341.99 | .04 |
| TRANSITIONAL IP CARE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER ACCOM | 1,552 | 8,618 | 5,571,074.39 | 646.45 | .067 | 3589.61 | 43.49 |
| ANCILLARIES | 1,557 | 0 | 12,180,959.76 | .00 | .000 | 7823.35 | 95.09 |
| INPATIENT CROSSOVERS | 745 | 0 | 650 , 769.03 | .00 | .000 | 873.52 | 5.08 |
| ALL OTHER INPATIENT | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| HOSP OUTPATIENT TOTAL | 27 , 515 | 141,576 | 4,278,200.79 | 30.22 | 1.105 | 155.49 | 33.40 |
| MEDICAL | 9 , 759 | 19,189 | 1,019,264.18 | 53.12 | .150 | 104.44 | 7.96 |
| SURGERY | 1,612 | 1,937 | 96,296.67 | 49.71 | .015 | 59.74 | .75 |
| PATHOLOGY | 9,546 | 42,851 | 553,852.47 | 12.93 | .335 | 58.02 | 4.32 |
| RADIOLOGY | 6,006 | 9,697 | 764,614.87 | 78.85 | .076 | 127.31 | 5.97 |
| ROOM USE | 9,784 | 16,210 | 645,658.54 | 39.83 | .127 | 65.99 | 5.04 |
| | | | | | | | |

| CROSSOVERS/ALL OTH OUTPINT | 14,579 | 51,692 | 1,198,514.06 | 23.19 | .404 | 82.21 | 9.36 |
|-----------------------------|------------------|-----------------------|-------------------|-----------------|--------------|--------------|------------|
| @COUNTY HOSPITAL TOTAL | 55 | 212 \$ | 49,517.57 | \$ 233.57 | .002 | \$ 900.32 | \$.39 |
| CO HOSPITAL INPATIENT TOTAL | 5 | 23 | 44,609.88 | 1939.56 | .000 | 8921.98 | .35 |
| HSC HOSPITALS | 3 | 13 | 16,616.00 | 1278.15 | .000 | 5538.67 | .13 |
| NON-HSC HOSPITALS TOTAL | 2 | 10 | 27,993.88 | 2799.39 | .000 | 13996.94 | .22 |
| ACCOMMODATIONS | 2 | 10 | 11,096.00 | 1109.60 | .000 | 5548.00 | .09 |
| ADMINISTRATIVE DAYS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| TRANSITIONAL IP CARE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER ACCOM | 2 | 10 | 11,096.00 | 1109.60 | .000 | 5548.00 | .09 |
| ANCILLARIES | 2 | 0 | 16,897.88 | .00 | .000 | 8448.94 | .13 |
| INPATIENT CROSSOVERS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER INPATIENT | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| CO HOSP OUTPATIENT TOTAL | 50 | 189 | 4,907.69 | 25.97 | .001 | 98.15 | .04 |
| MEDICAL | 19 | 21 | 716.98 | 34.14 | .000 | 37.74 | .01 |
| SURGERY | 4 | 6 | 312.66 | 52.11 | .000 | 78.17 | .00 |
| PATHOLOGY | 14 | 50 | 850.46 | 17.01 | .000 | 60.75 | .01 |
| RADIOLOGY | 7 | 12 | 786.27 | 65.52 | .000 | 112.32 | .01 |
| ROOM USE | 29 | 32 | 1,415.72 | 44.24 | .000 | 48.82 | .01 |
| CROSSOVERS/ALL OTH OUTPINT | 25 | 68 | 825.60 | 12.14 | .001 | 33.02 | .01 |
| #CALIF DEPT OF HEALTH SERV | MEDI-CAL SERVICE | S AND EXPENDITURES MO | ONTH-OF-PAYMENT R | EPORT FOR JAN 2 | 2004 THRU DI | EC 2004 | PAGE 1,187 |
| MOP024 | FEE-FOR-SERVICE/ | DENTAL | | | | | 03/14/05 |
| BUTTE COUNTY | SUMMARY OF SERVI | CES FOR ALL DISABLE |) | | | | |
| | | | | | MOI | NTHLY AVERAG | GE |
| 128,102 ELIGIBLES | USERS | UNITS OF SERVICE | EXPENDITURES | AVERAGE COST | UNITS/DAYS | COST PER | COST PER |
| | | OR DAYS OF CARE | | PER UNIT/DAY | PER ELIG | USER | ELIGIBLE |
| @COMMUNITY HOSPITAL TOTAL | 28,302 | 151,461 \$ | 24,736,766.94 | \$ 163.32 | 1.182 | \$ 874.03 | \$ 193.10 |
| COMM HOSP INPATIENT TOTAL | 2,440 | 10,074 | 20,463,473.84 | 2031.32 | .079 | 8386.67 | 159.74 |
| HSC HOSPITALS | 167 | 1,439 | 2,083,296.60 | 1447.74 | .011 | 12474.83 | 16.26 |
| NON-HSC HOSPITALS TOTAL | 1,555 | 8,635 | 17,729,408.21 | 2053.20 | .067 | 11401.55 | 138.40 |
| ACCOMMODATIONS | 1 554 | 8 635 | 5 565 346 33 | 644 51 | 0.67 | 3581 30 | 43 44 |

| 128,102 ELIGIBLES | USERS | UNITS OF SERVICE | EXPENDITURES | AV | ERAGE COST | UNITS/DAY | S COST PER | C | COST PER |
|-----------------------------|----------------|------------------|---------------------|-----|------------|-----------|-------------|----|----------|
| | | OR DAYS OF CARE | | PE: | R UNIT/DAY | PER ELIG | USER | E | CLIGIBLE |
| @COMMUNITY HOSPITAL TOTAL | 28,302 | - , | \$ 24,736,766.94 | \$ | 163.32 | | \$ 874.03 | \$ | |
| COMM HOSP INPATIENT TOTAL | 2,440 | 10,074 | 20,463,473.84 | | 2031.32 | .079 | 8386.67 | | 159.74 |
| HSC HOSPITALS | 167 | 1,439 | 2,083,296.60 | | 1447.74 | .011 | 12474.83 | | 16.26 |
| NON-HSC HOSPITALS TOTAL | 1,555 | 8 , 635 | 17,729,408.21 | | 2053.20 | .067 | 11401.55 | | 138.40 |
| ACCOMMODATIONS | 1,554 | 8 , 635 | 5,565,346.33 | | 644.51 | .067 | 3581.30 | | 43.44 |
| ADMINISTRATIVE DAYS | 4 | 27 | 5,367.94 | | 198.81 | .000 | 1341.99 | | .04 |
| TRANSITIONAL IP CARE | 0 | 0 | .00 | | .00 | .000 | .00 | | .00 |
| ALL OTHER ACCOM | 1,550 | 8,608 | 5,559,978.39 | | 645.91 | .067 | 3587.08 | | 43.40 |
| ANCILLARIES | 1,555 | 0 | 12,164,061.88 | | .00 | .000 | 7822.55 | | 94.96 |
| INPATIENT CROSSOVERS | 745 | 0 | 650,769.03 | | .00 | .000 | 873.52 | | 5.08 |
| ALL OTHER INPATIENT | 0 | 0 | .00 | | .00 | .000 | .00 | | .00 |
| COMM HOSP OUTPATIENT TOTAL | 27,473 | 141,387 | 4,273,293.10 | | 30.22 | 1.104 | 155.55 | | 33.36 |
| MEDICAL | 9,741 | 19,168 | 1,018,547.20 | | 53.14 | .150 | 104.56 | | 7.95 |
| SURGERY | 1,608 | 1,931 | 95,984.01 | | 49.71 | .015 | 59.69 | | .75 |
| PATHOLOGY | 9 , 532 | 42,801 | 553,002.01 | | 12.92 | .334 | 58.02 | | 4.32 |
| RADIOLOGY | 6,000 | 9,685 | 763,828.60 | | 78.87 | .076 | 127.30 | | 5.96 |
| ROOM USE | 9 , 757 | 16,178 | , | | | .126 | 66.03 | | 5.03 |
| CROSSOVERS/ALL OTH OUTPTNT | 14,559 | 51 , 624 | 1,197,688.46 | | 23.20 | .403 | 82.26 | | 9.35 |
| @STATE HOSPITAL | 2 | 45 | \$ 24,578.27 | \$ | 546.18 | .000 | \$ 12289.14 | \$ | .19 |
| MENTALLY ILL | 0 | 0 | .00 | | .00 | .000 | .00 | | .00 |
| DEVELOP. DISABLED | 2 | 45 | 24,578.27 | | 546.18 | .000 | 12289.14 | | .19 |
| @NURSING FACILITY | 1,401 | 38,714 | \$ 5,456,905.02 | \$ | 140.95 | .302 | \$ 3895.01 | \$ | 42.60 |
| LEV A-INTERMEDIATE | 4 | 163 | 12,729.58 | | 78.10 | .001 | 3182.40 | | .10 |
| LEV B-REHAB MD | 17 | 619 | 73,669.08 | | 119.01 | .005 | 4333.48 | | .58 |
| LEV B-SUBACUTE FREESTANDING | 46 | 1,473 | 526,996.83 | | 357.77 | .011 | 11456.45 | | 4.11 |
| LEV B-SUBACUTE HSPTL BASED | 19 | 666 | 378,187.21 | | 567.85 | .005 | 19904.59 | | 2.95 |
| LEV B-TRANSITIONAL IP CARE | 0 | 0 | .00 | | .00 | .000 | .00 | | .00 |
| LEV B-REGULAR | 1,315 | 35 , 793 | 1, 100,000.00 | | , | .279 | 3395.68 | | 34.86 |
| @INTERMEDIATE CARE FACILDD | 563 | 16,812 | \$ 3,023,153.67 | \$ | 179.82 | .131 | \$ 5369.72 | \$ | 23.60 |
| ICF DDH | 297 | 8,966 | 1,436,648.22 | | 160.23 | .070 | 4837.20 | | 11.21 |
| ICF DD | 0 | 0 | .00 | | .00 | .000 | .00 | | .00 |

| ICF DDN/DDCN | 267 | 7,846 | | 1,586,505.45 | 5 | 202.21 | .06 | L | 5941.97 | | 12.38 |
|------------------------------|---------------------|-----------------|------|---------------------|--------|---------|----------|-------|---------|----|-----------|
| @HEMODIALYSIS TOTAL | 562 | 8,344 | \$ | 543,936.02 | \$ | 65.19 | .06 | 5 \$ | 967.86 | \$ | 4.25 |
| HOSPITAL BASED | 0 | 0 | | .00 |) | .00 | .00 |) | .00 | | .00 |
| HEMODIALYSIS CENTER | 562 | 8,344 | | 543,936.02 | 2 | 65.19 | .06 | 5 | 967.86 | | 4.25 |
| @REHABILITATION FACILITY | 684 | 9,282 | \$ | 175,523.89 | \$ | 18.91 | .07 | 2 \$ | 256.61 | \$ | 1.37 |
| HOSPITAL BASED | 374 | 2,533 | | 66,661.92 | 2 | 26.32 | .02 |) | 178.24 | | .52 |
| INDEPENDENT FACILITY | 310 | 6 , 749 | | 108,861.97 | 7 | 16.13 | .05 | 3 | 351.17 | | .85 |
| @LABORATORY FACILITY | 5 , 575 | 24,199 | \$ | 362,496.86 | 5 \$ | 14.98 | .18 | \$ | 65.02 | \$ | 2.83 |
| PATHOLOGY | 5 , 505 | 24,034 | | 358 , 735.84 | 1 | 14.93 | .18 | 3 | 65.17 | | 2.80 |
| XO AND OTHERS | 72 | 165 | | 3,761.02 | 2 | 22.79 | .00 | L | 52.24 | | .03 |
| @ORGANIZED OUTPATIENT CLINIC | 34 , 735 | 64 , 962 | \$ | 6,323,997.41 | | 97.35 | .50 | 7 \$ | 182.06 | \$ | 49.37 |
| CLINIC | 1,027 | 2,093 | | 178,592.98 | 3 | 85.33 | .01 | 5 | 173.90 | | 1.39 |
| SURGICENTER | 264 | 1,660 | | 62 , 753.19 |) | 37.80 | .01 | 3 | 237.70 | | .49 |
| HEROIN DETOX CLINIC | 9 | 132 | | 1,619.95 | 5 | 12.27 | .00 | L | 179.99 | | .01 |
| RURAL HEALTH CLINIC | 33 , 933 | 61 , 077 | | 6,081,031.29 |) | 99.56 | .47 | 7 | 179.21 | | 47.47 |
| #CALIF DEPT OF HEALTH SERV | MEDI-CAL SERVICES A | ND EXPENDITU | RES | MONTH-OF-PAYMENT | REPORT | FOR JAN | 2004 THR | J DEC | 2004 | P | AGE 1,188 |
| MOP024 | FEE-FOR-SERVICE/DEN | ITAL | | | | | | | | | 03/14/05 |
| BUTTE COUNTY | SUMMARY OF SERVICES | FOR ALL DI | SABL | LED | | | | | | | |

| | | | | | M | ONTHLY AVERA | GE |
|--------------------------------|----------------|------------------|--------------|--------------|-----------|--------------|----------|
| 128,102 ELIGIBLES | USERS | UNITS OF SERVICE | EXPENDITURES | AVERAGE COST | UNITS/DAY | S COST PER | COST PER |
| | | OR DAYS OF CARE | | PER UNIT/DAY | PER ELIG | USER | ELIGIBLE |
| @ALL OTHER PROVIDERS | 19,334 | 873,816 \$ | 4,579,539.95 | \$ 5.24 | 6.821 | \$ 236.86 | \$ 35.75 |
| DURABLE MED. EQUIP. | 1,857 | 5,109 | 778,435.89 | 152.37 | .040 | 419.19 | 6.08 |
| BLOOD BANK | 13 | 9,014 | 27,042.00 | 3.00 | .070 | 2080.15 | .21 |
| HEARING AID DISPENSERS | 560 | 1,109 | 82,002.57 | 73.94 | .009 | 146.43 | .64 |
| MEDICAL TRANSPORTATION | 4,166 | 158,565 | 936,622.05 | 5.91 | 1.238 | 224.83 | 7.31 |
| AMBULANCES/AIR TRANS | 2 , 577 | 23,468 | 424,166.91 | 18.07 | .183 | 164.60 | 3.31 |
| OTHER TRANS | 1,641 | 134,218 | 456,514.04 | 3.40 | 1.048 | 278.19 | 3.56 |
| OTHER SERVICES | 138 | 879 | 55,941.10 | 63.64 | .007 | 405.37 | .44 |
| ACUPUNCTURE | 225 | 423 | 7,383.35 | 17.45 | .003 | 32.81 | .06 |
| ADULT DAY HEALTH CARE CTR | 238 | 2,850 | 198,473.52 | 69.64 | .022 | 833.92 | 1.55 |
| GENETIC DISEASE TESTING | 27 | 27 | 2,835.00 | 105.00 | .000 | 105.00 | .02 |
| IHMC, MODEL-NF, NF, AIDS, MSSP | 1,144 | 33,056 | 1,207,910.81 | 36.54 | .258 | 1055.87 | 9.43 |
| OCCUPATIONAL THERAPIST | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OPTICIAN | 3,116 | 7,240 | 75,874.01 | 10.48 | .057 | 24.35 | .59 |
| PHYSICAL THERAPIST | 154 | 1,448 | 20,915.10 | 14.44 | .011 | 135.81 | .16 |
| PORTABLE X-RAY | 11 | 28 | 87.09 | 3.11 | .000 | 7.92 | .00 |
| PROSTHETIST/ORTHOTISTS | 263 | 757 | 121,470.67 | 160.46 | .006 | 461.87 | .95 |
| PROSTHETICS | 250 | 707 | 115,056.17 | 162.74 | .006 | 460.22 | .90 |
| ORTHOTICS | 13 | 50 | 6,414.50 | 128.29 | .000 | 493.42 | .05 |
| PSYCHOLOGIST | 46 | 161 | 9,886.76 | 61.41 | .001 | 214.93 | .08 |
| SPEECH AND AUDIOLOGY | 700 | 2,156 | 112,432.10 | 52.15 | .017 | 160.62 | .88 |
| HOSPICE SERVICES | 99 | 2,237 | 263,359.54 | 117.73 | .017 | 2660.20 | 2.06 |
| NONINST BIRTHING CENTERS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| LOCAL EDUCATION AGENCIES | 2,032 | 33,918 | 229,615.38 | | .265 | 113.00 | 1.79 |
| EPSDT SUPPLEMENTAL SERVICE | 6 | 481 | 14,213.00 | 29.55 | .004 | 2368.83 | .11 |
| RESPIRATORY CARE PRACT. | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PED SUBACUTE REHAB/WEANING | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER PROVIDERS | 6 , 872 | 615 , 237 | 490,981.11 | .80 | 4.803 | 71.45 | 3.83 |
| @CALIF. CHILDREN SERVICES* | 1,500 | 53,352 \$ | 2,420,879.29 | \$ 45.38 | .416 | | |
| @XOVER EXCLUDING STATE HOSP** | 19,083 | 211,967 \$ | 2,483,649.84 | \$ 11.72 | 1.655 | \$ 130.15 | \$ 19.39 |

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

[#]CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 MOP024 FEE-FOR-SERVICE/DENTAL

| BOTTE GOONTT | BOILING OF SEL | TODO TOTO TIED TIETED | | | MON | תחור אוובסא | CF |
|----------------------------|----------------|-----------------------|-------------------|--------------|----------|-------------|----------|
| 337,782 ELIGIBLES | USERS | UNITS OF SERVICE | EXPENDITURES | AVERAGE COST | | COST PER | COST PER |
| 337,702 EDIGIDDES | ODEND | OR DAYS OF CARE | ENTENDITORES | PER UNIT/DAY | | USER | ELIGIBLE |
| @TOTAL, ALL PROVIDERS | 172,292 | 878,780 \$ | 54,536,516.94 | \$ 62.06 | 2.602 \$ | | |
| @PHYSICIANS SERVICES | 34,509 | 91,916 \$ | 4,303,695.53 | \$ 46.82 | .272 \$ | | |
| OUTPATIENT VISITS | 16,412 | 20,276 | 898,877.86 | 44.33 | · | 54.77 | 2.66 |
| OFFICE VISITS | 11,706 | 14,122 | 511,676.50 | 36.23 | | 43.71 | 1.51 |
| HOME VISITS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| EMERGENCY ROOM | 3,731 | 4,190 | 234,734.72 | 56.02 | .012 | 62.91 | .69 |
| PREVENTIVE CARE | 38 | 40 | 1,672.71 | 41.82 | .000 | 44.02 | .00 |
| OB VISITS/COMPRE PERI | 926 | 1,436 | 135,495.23 | 94.36 | .004 | 146.32 | .40 |
| OTHER OUTPATIENT | 444 | 488 | 15,298.70 | 31.35 | | 34.46 | .05 |
| INPATIENT VISITS | 2,318 | 8,078 | 465,784.44 | 57.66 | .024 | 200.94 | 1.38 |
| HOSPITAL VISITS | 2,218 | 6,888 | 294,228.44 | 42.72 | .020 | 132.65 | .87 |
| CRITICAL CARE | 231 | 1,151 | 169,940.85 | 147.65 | .003 | 735.67 | .50 |
| SNF/ICF/TRANS IP CARE | 14 | . 39 | 1,615.15 | 41.41 | .000 | 115.37 | .00 |
| OPHTHALMOLOGICAL SERVICES | 1,165 | 1,295 | 54,714.39 | 42.25 | .004 | 46.97 | .16 |
| EXAMINATIONS | 1,161 | 1,291 | 54,626.16 | 42.31 | .004 | 47.05 | .16 |
| SERVICES AND MATERIALS | 4 | 4 | 88.23 | 22.06 | .000 | 22.06 | .00 |
| INPATIENT HOSPITAL SURGERY | 2,009 | 10,144 | 1,174,324.83 | 115.77 | .030 | 584.53 | 3.48 |
| PRINCIPAL SURGEON | 1,443 | 1,975 | 992,703.10 | 502.63 | .006 | 687.94 | 2.94 |
| ASSISTANT SURGEON | 249 | 251 | 42,959.72 | 171.15 | .001 | 172.53 | .13 |
| ANESTHESIOLOGIST | 638 | 7,918 | 138,662.01 | 17.51 | .023 | 217.34 | .41 |
| OUTPATIENT SURGERY | 3,149 | 10,336 | 622,189.41 | 60.20 | .031 | 197.58 | 1.84 |
| PRINCIPAL SURGEON | 2,592 | 3,418 | 500,509.94 | 146.43 | .010 | 193.10 | 1.48 |
| ASSISTANT SURGEON | 40 | 40 | 3 , 865.32 | 96.63 | .000 | 96.63 | .01 |
| ANESTHESIOLOGIST | 725 | 6 , 878 | 117,814.15 | 17.13 | .020 | 162.50 | .35 |
| DIALYSIS | 21 | 54 | 5,765.22 | 106.76 | .000 | 274.53 | .02 |
| PATHOLOGY | 1,906 | 3,266 | 88,417.42 | 27.07 | .010 | 46.39 | .26 |
| RADIOLOGY | 13,946 | 21,471 | 622,047.36 | 28.97 | .064 | 44.60 | 1.84 |
| PSYCHIATRY | 11 | 14 | 697.80 | 49.84 | .000 | 63.44 | .00 |
| | | | | | | | |

| IMMUNIZATION AND INJECTION | 485 | 4,959 | | 62 , 550.31 | | 12.61 | .015 | | 128.97 | | .19 |
|----------------------------|-------------------|---------------|-------|---------------------|-------|-----------|-----------|-----|---------|----|-----------|
| OTHER SERVICES/ALL X-OVERS | 4,515 | 12,023 | | 308,326.49 | | 25.64 | .036 | | 68.29 | | .91 |
| @PHARMACY | 86,032 | 264,063 | \$ | 13,519,819.63 | \$ | 51.20 | .782 | \$ | 157.15 | \$ | 40.03 |
| PRESCRIPTION DRUGS | 85 , 292 | 223,242 | | 13,094,799.98 | | 58.66 | .661 | | 153.53 | | 38.77 |
| SNF/ICF | 57 | 416 | | 64,919.17 | | 156.06 | .001 | | 1138.93 | | .19 |
| OUTPATIENTS | 85 , 251 | 222,826 | | 13,029,880.81 | | 58.48 | .660 | | 152.84 | | 38.57 |
| MEDICAL SUPPLIES | 2,803 | 40,821 | | 425,019.65 | | 10.41 | .121 | | 151.63 | | 1.26 |
| @DENTIST | 13,075 | 66,740 | \$ | 2,251,996.50 | \$ | 33.74 | .198 | \$ | 172.24 | \$ | 6.67 |
| VISITS - DIAGNOSTIC | 9 , 457 | 43,073 | | 639 , 373.96 | | 14.84 | .128 | | 67.61 | | 1.89 |
| ORAL SURGERY | 1,889 | 4,170 | | 246,801.79 | | 59.19 | .012 | | 130.65 | | .73 |
| DRUGS | 368 | 408 | | 9,586.80 | | 23.50 | .001 | | 26.05 | | .03 |
| ANESTHESIA | 82 | 83 | | 7,070.00 | | 85.18 | .000 | | 86.22 | | .02 |
| PERIODONTICS | 317 | 327 | | 34,675.00 | | 106.04 | .001 | | 109.38 | | .10 |
| ENDODONTICS | 1,181 | 1,958 | | 333 , 793.50 | | 170.48 | .006 | | 282.64 | | .99 |
| RESTORATIVE DENTISTRY | 4,550 | 14,112 | | 759 , 519.87 | | 53.82 | .042 | | 166.93 | | 2.25 |
| PROSTHETICS | 36 | 37 | | 1,118.50 | | 30.23 | .000 | | 31.07 | | .00 |
| DENTURES, STAYPLATES | 211 | 734 | | 77,350.24 | | 105.38 | .002 | | 366.59 | | .23 |
| SPACE MAINTAINERS | 109 | 139 | | 14,675.90 | | 105.58 | .000 | | 134.64 | | .04 |
| MAXILLOFACIAL SERVICES | 30 | 61 | | 17,505.94 | | 286.98 | .000 | | 583.53 | | .05 |
| FRACTURES, DISLOCATIONS | 2 | 3 | | 2,280.00 | | 760.00 | .000 | | 1140.00 | | .01 |
| ORTHODONTIC SERVICES | 1,045 | 1,308 | | 100,998.75 | | 77.22 | .004 | | 96.65 | | .30 |
| ALL OTHER SERVICES | 270 | 327 | | 7,246.25 | | 22.16 | .001 | | 26.84 | | .02 |
| #CALIF DEPT OF HEALTH SERV | MEDI-CAL SERVICES | AND EXPENDITU | RES M | MONTH-OF-PAYMENT RE | EPOR' | r for jan | 2004 THRU | DEC | 2004 | PF | AGE 1,190 |
| MOP024 | FEE-FOR-SERVICE/D | ENTAL | | | | | | | | | 03/14/05 |
| BUTTE COUNTY | SUMMARY OF SERVIC | ES FOR ALL FA | MILIE | ES | | | | | | | |

----- MONTHLY AVERAGE -----337,782 ELIGIBLES USERS EXPENDITURES AVERAGE COST UNITS/DAYS COST PER UNITS OF SERVICE COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE 58.98 \$ @OPTOMETRIST 4,521 11,957 266,644.63 \$ 22.30 .035 \$ 3,295 DIAGNOSTIC AND ANC. PROCED 3,126 138,570.96 42.05 .010 44.33 .41 125,517.05 14.72 40.61 EYE APPLIANCES 3,091 8,525 .025 .37 125 18.66 20.45 OTHER OPTOMETRIC SERVICES 137 2,556.62 .000 .01 16.41 16.41 .00 25.44 29.04 52.01 18.35 7.56 46.51 14,475.34 \$ 16.41 27.62 \$ @CHIROPRACTOR 524 882 .003 \$.04 882 VISITS 524 14,475.34 .003 27.62 .04 .00 OTHER SERVICES 0 .00 .000 @PODIATRIST 152 264 6,716.78 \$.001 \$ 44.19 \$.02 125 166 MEDICINE/INJECTIONS 4,820.04 .000 38.56 .01 12 18 936.12 .000 78.01 SURGERY/ANES. 28 605.49 RADIO./PATHOLOGY 33 .000 21.62 .00 16 47 OTHER 355.13 .000 22.20 .00 559 2,493 207.41 \$ 115,943.04 \$ 46.51 .007 \$ @HOME HEALTH AGENCY 444 5,040 55,471.66 \$ 11.01 .015 \$ 124.94 \$ NURSE ANESTHESIST 329,885.42 \$ NURSE MIDWIFE 1,703 10,034 32.88 .030 \$ 193.71 \$ 3 .000 \$ 46.50 \$ PEDIATRIC NURSE PRACTITIONER 139.50 \$ 34.88 FAMILY NURSE PRACTITIONER 354 769 13,445.64 \$ 17.48 .002 \$ 37.98 \$.04 109.44 @TOTAL HOSPITAL 49,014 193,332 21,157,916.78 .572 \$ 431.67 \$ 62.64 HOSP INPATIENT TOTAL 2,519 10,283 1495.96 .030 6106.76 15,382,919.39 1425.13 1510.55 499.87 231.30 .00 274 1,982 1425.13 10308.77 HSC HOSPITALS 2,824,603.80 .006 8.36 NON-HSC HOSPITAL TOTAL 2,243 8,301 12,539,093.55 1510.55 .025 5590.32 37.12 2,237 8,301 1854.91 ACCOMMODATIONS .025 4,149,430.66 1 3 693.90 ADMINISTRATIVE DAYS 693.90 .000 .00 TRANSITIONAL IP CARE .00 .000 .00 .00 8,298 2,236 4,148,736.76 499.97 .025 1855.43 12.28 ALL OTHER ACCOM .00 ANCILLARIES 2,243 0 8,389,662.89 .000 3740.38 24.84 .00 835.74 INPATIENT CROSSOVERS 0 19,222.04 .000 .06 ALL OTHER INPATIENT .00 .00 .000

| HOSP OUTPATIENT TOTAL | 47,947 | 183,049 | 5,774,997.39 | 31.55 | .542 | 120.45 | 17.10 |
|-----------------------------|-----------------|-----------------------|---------------------|-----------------|--------------|----------|------------|
| MEDICAL | 27,993 | 41,156 | 1,829,295.79 | 44.45 | .122 | 65.35 | 5.42 |
| SURGERY | 3,272 | 3,986 | 214,168.10 | 53.73 | .012 | 65.45 | .63 |
| PATHOLOGY | 15,942 | 54,909 | 730,612.35 | 13.31 | .163 | 45.83 | 2.16 |
| RADIOLOGY | 10,600 | 14,371 | 930,865.60 | 64.77 | .043 | 87.82 | 2.76 |
| ROOM USE | 31,918 | 43,158 | 1,634,839.61 | 37.88 | .128 | 51.22 | 4.84 |
| CROSSOVERS/ALL OTH OUTPINT | 12,930 | 25,469 | 435,215.94 | 17.09 | .075 | 33.66 | 1.29 |
| @COUNTY HOSPITAL TOTAL | 56 | 329 \$ | | \$ 366.24 | | 2151.66 | |
| CO HOSPITAL INPATIENT TOTAL | 10 | 89 | 112,900.03 | 1268.54 | .000 | 11290.00 | .33 |
| HSC HOSPITALS | 10 | 89 | 112,900.03 | 1268.54 | .000 | 11290.00 | .33 |
| NON-HSC HOSPITALS TOTAL | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ACCOMMODATIONS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ADMINISTRATIVE DAYS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| TRANSITIONAL IP CARE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER ACCOM | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ANCILLARIES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| INPATIENT CROSSOVERS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER INPATIENT | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| CO HOSP OUTPATIENT TOTAL | 48 | 240 | 7,593.09 | 31.64 | .001 | 158.19 | .02 |
| MEDICAL | 17 | 22 | 986.26 | 44.83 | .000 | 58.02 | .00 |
| SURGERY | 7 | 11 | 364.37 | 33.12 | .000 | 52.05 | .00 |
| PATHOLOGY | 16 | 82 | 1,092.53 | 13.32 | .000 | 68.28 | .00 |
| RADIOLOGY | 10 | 17 | 1,812.30 | 106.61 | .000 | 181.23 | .01 |
| ROOM USE | 39 | 56 | 2,582.93 | 46.12 | .000 | 66.23 | .01 |
| CROSSOVERS/ALL OTH OUTPINT | | 52 | 754.70 | 14.51 | .000 | 34.30 | .00 |
| #CALIF DEPT OF HEALTH SERV | | ES AND EXPENDITURES N | MONTH-OF-PAYMENT RI | EPORT FOR JAN 2 | 2004 THRU DE | C 2004 | PAGE 1,191 |
| MOP024 | FEE-FOR-SERVICE | | | | | | 03/14/05 |
| BUTTE COUNTY | SUMMARY OF SERV | ICES FOR ALL FAMILIE | IS | | | | |
| | | | | | MON | | |
| 337,782 ELIGIBLES | USERS | UNITS OF SERVICE | EXPENDITURES | AVERAGE COST | | COST PER | COST PER |
| | | OR DAYS OF CARE | | PER UNIT/DAY | | USER | ELIGIBLE |
| @COMMUNITY HOSPITAL TOTAL | 48 , 970 | 193,003 \$ | 21,037,423.66 | \$ 109.00 | .571 \$ | | |
| COMM HOSP INPATIENT TOTAL | 2,509 | 10,194 | 15,270,019.36 | 1497.94 | .030 | 6086.10 | 45.21 |
| HSC HOSPITALS | 264 | 1,893 | | 1432.49 | .006 | | 8.03 |
| NON-HSC HOSPITALS TOTAL | 2,243 | 8,301 | | 1510.55 | .025 | 5590.32 | 37.12 |
| ACCOMMODATIONS | 2,237 | 8,301 | 4,149,430.66 | 499.87 | .025 | 1854.91 | 12.28 |
| ADMINISTRATIVE DAYS | 1 | 3 | 693.90 | 231.30 | .000 | 693.90 | .00 |
| TRANSITIONAL IP CARE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER ACCOM | 2,236 | 8,298 | 4,148,736.76 | 499.97 | .025 | 1855.43 | 12.28 |

| 337,782 ELIGIBLES | USERS | UNITS OF SERVIC | CE | EXPENDITURES | AVERAGE COST | | COST PER | (| COST PER |
|-----------------------------|-----------------|------------------|----|---------------|--------------|----------|------------|----|----------|
| | | OR DAYS OF CAP | RE | | PER UNIT/DAY | PER ELIG | USER | F | ELIGIBLE |
| @COMMUNITY HOSPITAL TOTAL | 48,970 | 193,003 | | | | .571 | \$ 429.60 | \$ | 62.28 |
| COMM HOSP INPATIENT TOTAL | 2 , 509 | 10,194 | | 15,270,019.36 | | .030 | 6086.10 | | 45.21 |
| HSC HOSPITALS | 264 | • | | 2,711,703.77 | 1432.49 | .006 | 10271.61 | | 8.03 |
| NON-HSC HOSPITALS TOTAL | 2,243 | 8,301 | | 12,539,093.55 | 1510.55 | .025 | 5590.32 | | 37.12 |
| ACCOMMODATIONS | 2,237 | 8,301 | | 4,149,430.66 | 499.87 | .025 | 1854.91 | | 12.28 |
| ADMINISTRATIVE DAYS | 1 | 3 | | 693.90 | 231.30 | .000 | 693.90 | | .00 |
| TRANSITIONAL IP CARE | 0 | 0 | | .00 | .00 | .000 | .00 | | .00 |
| ALL OTHER ACCOM | 2,236 | 8 , 298 | | 4,148,736.76 | 499.97 | .025 | 1855.43 | | 12.28 |
| ANCILLARIES | 2,243 | 0 | | 8,389,662.89 | .00 | .000 | 3740.38 | | 24.84 |
| INPATIENT CROSSOVERS | 23 | 0 | | 19,222.04 | .00 | .000 | 835.74 | | .06 |
| ALL OTHER INPATIENT | 0 | 0 | | .00 | .00 | .000 | .00 | | .00 |
| COMM HOSP OUTPATIENT TOTAL | 47 , 910 | 182 , 809 | | 5,767,404.30 | 31.55 | .541 | 120.38 | | 17.07 |
| MEDICAL | 27 , 978 | 41,134 | | 1,828,309.53 | 44.45 | .122 | 65.35 | | 5.41 |
| SURGERY | 3 , 265 | 3 , 975 | | 213,803.73 | 53.79 | .012 | 65.48 | | .63 |
| PATHOLOGY | 15 , 929 | 54 , 827 | | 729,519.82 | 13.31 | .162 | 45.80 | | 2.16 |
| RADIOLOGY | 10,591 | 14,354 | | 929,053.30 | 64.72 | .042 | 87.72 | | 2.75 |
| ROOM USE | 31,886 | 43,102 | | 1,632,256.68 | 37.87 | .128 | 51.19 | | 4.83 |
| CROSSOVERS/ALL OTH OUTPINT | 12,911 | 25 , 417 | | 434,461.24 | 17.09 | .075 | 33.65 | | 1.29 |
| @STATE HOSPITAL | 0 | 0 | \$ | .00 | \$.00 | .000 | \$.00 | \$ | .00 |
| MENTALLY ILL | 0 | 0 | | .00 | .00 | .000 | .00 | | .00 |
| DEVELOP. DISABLED | 0 | 0 | | .00 | .00 | .000 | .00 | | .00 |
| @NURSING FACILITY | 23 | 627 | \$ | 112,168.64 | \$ 178.90 | .002 | \$ 4876.90 | \$ | .33 |
| LEV A-INTERMEDIATE | 0 | 0 | | .00 | .00 | .000 | .00 | | .00 |
| LEV B-REHAB MD | 0 | 0 | | .00 | .00 | .000 | .00 | | .00 |
| LEV B-SUBACUTE FREESTANDING | 2 | 50 | | 18,094.00 | 361.88 | .000 | 9047.00 | | .05 |

| LEV B-SUBACUTE HSPTL BASED | 0 | 0 | | .00 |) | .00 | .00 | 0 | .00 | | .00 |
|------------------------------|---------------------|-----------------|--------|-----------------|--------|---------|----------|-------|-----------|----|-----------|
| LEV B-TRANSITIONAL IP CARE | 0 | 0 | | .00 |) | .00 | .00 | 0 | .00 | | .00 |
| LEV B-REGULAR | 21 | 577 | | 94,074.64 | ļ | 163.04 | .00 | 2 | 4479.74 | | .28 |
| @INTERMEDIATE CARE FACILDD | 0 | 0 | \$ | .00 |) \$ | .00 | .00 | 0 \$ | .00 | \$ | .00 |
| ICF DDH | 0 | 0 | | .00 |) | .00 | .00 | 0 | .00 | | .00 |
| ICF DD | 0 | 0 | | .00 |) | .00 | .00 | 0 | .00 | | .00 |
| ICF DDN/DDCN | 0 | 0 | | .00 |) | .00 | .00 | 0 | .00 | | .00 |
| @HEMODIALYSIS TOTAL | 36 | 1,200 | \$ | 55,435.69 | \$ | 46.20 | .00 | 4 \$ | 1539.88 | \$ | .16 |
| HOSPITAL BASED | 0 | 0 | | .00 |) | .00 | .00 | 0 | .00 | | .00 |
| HEMODIALYSIS CENTER | 36 | 1,200 | | 55,435.69 |) | 46.20 | .00 | 4 | 1539.88 | | .16 |
| @REHABILITATION FACILITY | 509 | 3 , 670 | \$ | 84,831.74 | \$ | 23.11 | .01 | 1 \$ | 166.66 | \$ | .25 |
| HOSPITAL BASED | 463 | 3,001 | | 74,682.98 | 3 | 24.89 | .00 | 9 | 161.30 | | .22 |
| INDEPENDENT FACILITY | 46 | 669 | | 10,148.76 | 5 | 15.17 | .00 | 2 | 220.63 | | .03 |
| @LABORATORY FACILITY | 8 , 376 | 24,331 | \$ | 410,707.56 | 5 \$ | 16.88 | .07 | 2 \$ | 49.03 | \$ | 1.22 |
| PATHOLOGY | 8 , 376 | 24,328 | | 410,660.16 | 5 | 16.88 | .07 | 2 | 49.03 | | 1.22 |
| XO AND OTHERS | 3 | 3 | | 47.40 |) | 15.80 | .00 | 0 | 15.80 | | .00 |
| @ORGANIZED OUTPATIENT CLINIC | 57 , 914 | 95 , 892 | \$ | 10,563,038.79 | \$ | 110.16 | .28 | 4 \$ | 182.39 | \$ | 31.27 |
| CLINIC | 3 , 275 | 10,449 | | 430,639.16 | 5 | 41.21 | .03 | 1 | 131.49 | | 1.27 |
| SURGICENTER | 197 | 1,250 | | 44,173.01 | - | 35.34 | .00 | 4 | 224.23 | | .13 |
| HEROIN DETOX CLINIC | 11 | 198 | | 2,277.60 |) | 11.50 | .00 | 1 | 207.05 | | .01 |
| RURAL HEALTH CLINIC | 55 , 091 | 83 , 995 | | 10,085,949.02 | 2 | 120.08 | .24 | 9 | 183.08 | | 29.86 |
| #CALIF DEPT OF HEALTH SERV | MEDI-CAL SERVICES A | ND EXPENDITU | JRES M | ONTH-OF-PAYMENT | REPORT | FOR JAN | 2004 THR | U DEC | 2004 | P. | AGE 1,192 |
| MOP024 | FEE-FOR-SERVICE/DEN | TAL | | | | | | | | | 03/14/05 |
| BUTTE COUNTY | SUMMARY OF SERVICES | FOR ALL FA | MILIE | S | | | | | | | |
| | | | | | | | | INOM | HLY AVERA | GE | |

| | | | | | MOI | VIHLY AVERA | GE |
|--------------------------------|----------------|------------------|---------------------|--------------|----------|-------------|----------|
| 337,782 ELIGIBLES | USERS | UNITS OF SERVICE | EXPENDITURES | AVERAGE COST | | COST PER | COST PER |
| | | OR DAYS OF CARE | | PER UNIT/DAY | PER ELIG | USER | ELIGIBLE |
| @ALL OTHER PROVIDERS | 20,883 | 105 , 566 | \$ 1,274,184.07 | \$ 12.07 | .313 | 61.02 | \$ 3.77 |
| DURABLE MED. EQUIP. | 638 | 2 , 561 | 106,749.44 | 41.68 | .008 | 167.32 | .32 |
| BLOOD BANK | 6 | 4,057 | 12,171.00 | 3.00 | .012 | 2028.50 | .04 |
| HEARING AID DISPENSERS | 41 | 93 | 8,860.00 | 95.27 | .000 | 216.10 | .03 |
| MEDICAL TRANSPORTATION | 2,066 | 24,139 | 469,842.13 | 19.46 | .071 | 227.42 | 1.39 |
| AMBULANCES/AIR TRANS | 2,028 | 23,212 | 340 , 677.49 | 14.68 | .069 | 167.99 | 1.01 |
| OTHER TRANS | 32 | 852 | 4,561.62 | 5.35 | .003 | 142.55 | .01 |
| OTHER SERVICES | 74 | 75 | 124,603.02 | 1661.37 | .000 | 1683.82 | .37 |
| ACUPUNCTURE | 75 | 125 | 2,332.12 | 18.66 | .000 | 31.09 | .01 |
| ADULT DAY HEALTH CARE CTR | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| GENETIC DISEASE TESTING | 322 | 323 | 33,915.00 | 105.00 | .001 | 105.33 | .10 |
| IHMC, MODEL-NF, NF, AIDS, MSSP | 37 | 179 | 19,282.42 | 107.72 | .001 | 521.15 | .06 |
| OCCUPATIONAL THERAPIST | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OPTICIAN | 3 , 373 | 7,304 | 64 , 350.87 | 8.81 | .022 | 19.08 | .19 |
| PHYSICAL THERAPIST | 198 | 1,858 | 27,513.36 | 14.81 | .006 | 138.96 | .08 |
| PORTABLE X-RAY | 1 | 1 | .61 | .61 | .000 | .61 | .00 |
| PROSTHETIST/ORTHOTISTS | 158 | 256 | 27,071.63 | 105.75 | .001 | 171.34 | .08 |
| PROSTHETICS | 152 | 249 | 26 , 733.97 | 107.37 | .001 | 175.88 | .08 |
| ORTHOTICS | 6 | 7 | 337.66 | 48.24 | .000 | 56.28 | .00 |
| PSYCHOLOGIST | 31 | 112 | 6 , 887.52 | 61.50 | .000 | 222.18 | .02 |
| SPEECH AND AUDIOLOGY | 851 | 2,363 | 105,477.47 | 44.64 | .007 | 123.95 | .31 |
| HOSPICE SERVICES | 3 | 28 | 3,388.28 | 121.01 | .000 | 1129.43 | .01 |
| NONINST BIRTHING CENTERS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| LOCAL EDUCATION AGENCIES | 12,929 | 39,898 | 365 , 998.20 | 9.17 | .118 | 28.31 | 1.08 |
| EPSDT SUPPLEMENTAL SERVICE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| RESPIRATORY CARE PRACT. | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PED SUBACUTE REHAB/WEANING | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER PROVIDERS | 449 | 22,269 | 20,344.02 | .91 | .066 | 45.31 | .06 |
| @CALIF. CHILDREN SERVICES* | 978 | 29,079 | \$ 2,590,856.66 | \$ 89.10 | .086 | 2649.14 | \$ 7.67 |
| | | | | | | | |

@XOVER EXCLUDING STATE HOSP** 551 3,318 \$ 68,065.69 \$ 20.51 .010 \$ 123.53 \$.20

PAGE 1,193

03/14/05

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 MOP024 FEE-FOR-SERVICE/DENTAL

BUTTE COUNTY SUMMARY OF SERVICES FOR ALL MEDICALLY INDIGENT

| BUILE COUNTI | SUMMARI OF SER | VICES FOR ALL MEDICA. | MONTHLY AVERAGE | | | | | | |
|----------------------------|----------------|-----------------------|-----------------|--------------|----------|--------|----------|--|--|
| 20,246 ELIGIBLES | USERS | UNITS OF SERVICE | EXPENDITURES | AVERAGE COST | | | COST PER | | |
| 20,240 ELIGIBLES | USERS | | EXPENDITORES | | | | | | |
| | 11,080 | OR DAYS OF CARE | 3,602,833.25 | PER UNIT/DAY | | USER | ELIGIBLE | | |
| @TOTAL, ALL PROVIDERS | 11,080 | 71,204 \$ | | \$ 50.60 | 3.517 \$ | 325.17 | | | |
| @PHYSICIANS SERVICES | 2,296 | 5 , 674 \$ | 284,608.17 | \$ 50.16 | .280 \$ | 123.96 | | | |
| OUTPATIENT VISITS | 1,197 | 1,534 | 72,232.84 | 47.09 | .076 | 60.34 | 3.57 | | |
| OFFICE VISITS | 808 | 968 | 35,024.34 | 36.18 | .048 | 43.35 | 1.73 | | |
| HOME VISITS | 0 | 0 | .00 | .00 | .000 | .00 | .00 | | |
| EMERGENCY ROOM | 250 | 279 | 15,727.46 | 56.37 | .014 | 62.91 | .78 | | |
| PREVENTIVE CARE | 1 | 1 | 45.33 | 45.33 | .000 | 45.33 | .00 | | |
| OB VISITS/COMPRE PERI | 140 | 239 | 20,020.60 | 83.77 | .012 | 143.00 | .99 | | |
| OTHER OUTPATIENT | 40 | 47 | 1,415.11 | 30.11 | .002 | 35.38 | .07 | | |
| INPATIENT VISITS | 171 | 545 | 32,247.01 | 59.17 | .027 | 188.58 | 1.59 | | |
| HOSPITAL VISITS | 154 | 440 | 19,328.49 | 43.93 | .022 | 125.51 | .95 | | |
| CRITICAL CARE | 13 | 80 | 12,095.24 | 151.19 | .004 | 930.40 | .60 | | |
| SNF/ICF/TRANS IP CARE | 12 | 25 | 823.28 | 32.93 | .001 | 68.61 | .04 | | |
| OPHTHALMOLOGICAL SERVICES | 52 | 56 | 2,531.77 | 45.21 | .003 | 48.69 | .13 | | |
| EXAMINATIONS | 52 | 56 | 2,531.77 | 45.21 | .003 | 48.69 | .13 | | |
| SERVICES AND MATERIALS | 0 | 0 | .00 | .00 | .000 | .00 | .00 | | |
| INPATIENT HOSPITAL SURGERY | 132 | 740 | 75,303.55 | 101.76 | .037 | 570.48 | 3.72 | | |
| PRINCIPAL SURGEON | 96 | 121 | 62,865.81 | 519.55 | .006 | 654.85 | 3.11 | | |
| ASSISTANT SURGEON | 13 | 13 | 2,278.19 | 175.25 | .001 | 175.25 | .11 | | |
| ANESTHESIOLOGIST | 44 | 606 | 10,159.55 | 16.76 | .030 | 230.90 | .50 | | |
| OUTPATIENT SURGERY | 172 | 591 | 30,025.54 | 50.80 | .029 | 174.57 | 1.48 | | |
| PRINCIPAL SURGEON | 136 | 168 | 22,923.96 | 136.45 | .008 | 168.56 | 1.13 | | |
| ASSISTANT SURGEON | 3 | 3 | 208.87 | 69.62 | .000 | 69.62 | .01 | | |
| ANESTHESIOLOGIST | 48 | 420 | 6,892.71 | 16.41 | .021 | 143.60 | .34 | | |
| DIALYSIS | 11 | 43 | 2,590.44 | 60.24 | .002 | 235.49 | .13 | | |
| PATHOLOGY | 124 | 194 | 3,494.26 | 18.01 | .010 | 28.18 | .17 | | |
| RADIOLOGY | 824 | 1,303 | 42,231.23 | 32.41 | .064 | 51.25 | 2.09 | | |
| PSYCHIATRY | 2 | 2 | 146.58 | 73.29 | .000 | 73.29 | .01 | | |
| IMMUNIZATION AND INJECTION | 30 | 52 | 1,194.85 | 22.98 | .003 | 39.83 | .06 | | |
| OTHER SERVICES/ALL X-OVERS | 261 | 614 | 22,610.10 | 36.82 | .030 | 86.63 | 1.12 | | |
| @PHARMACY | 4,838 | 14,450 \$ | 683,183.47 | \$ 47.28 | .714 \$ | 141.21 | | | |
| PRESCRIPTION DRUGS | 4,788 | 11,226 | 662,222.81 | 58.99 | .554 | 138.31 | 32.71 | | |
| SNF/ICF | 51 | 460 | 25,758.65 | 56.00 | .023 | 505.07 | 1.27 | | |
| OUTPATIENTS | 4,738 | 10,766 | 636,464.16 | 59.12 | .532 | 134.33 | 31.44 | | |
| MEDICAL SUPPLIES | 130 | 3,224 | 20,960.66 | 6.50 | .159 | 161.24 | 1.04 | | |
| @DENTIST | 746 | 4,374 \$ | | \$ 30.58 | .216 \$ | 179.29 | | | |
| • | 582 | 2,995 | 44,900.85 | 14.99 | .148 | 77.15 | 2.22 | | |
| VISITS - DIAGNOSTIC | 98 | | | 82.97 | .013 | 215.89 | | | |
| ORAL SURGERY | 98 | 255 | 21,156.85 | 19.44 | | | 1.04 | | |
| DRUGS | 6 7 | 9 | 175.00 | | .000 | 29.17 | .01 | | |
| ANESTHESIA | , 5 | 7 | 395.00 | 56.43 | .000 | 56.43 | .02 | | |
| PERIODONTICS | - | 5 | 464.00 | 92.80 | .000 | 92.80 | .02 | | |
| ENDODONTICS | 45 | 76 | 14,055.00 | 184.93 | .004 | 312.33 | .69 | | |
| RESTORATIVE DENTISTRY | 261 | 904 | 43,481.43 | 48.10 | .045 | 166.60 | 2.15 | | |
| PROSTHETICS | 1 | 1 | 30.00 | 30.00 | .000 | 30.00 | .00 | | |
| DENTURES, STAYPLATES | 1 | 5 | 242.00 | 48.40 | .000 | 242.00 | .01 | | |
| SPACE MAINTAINERS | 5 | 5 | 345.00 | 69.00 | .000 | 69.00 | .02 | | |

| MAXILLOFACIAL SERVICES | 3 | 3 | 210.15 | 70.05 | .000 | 70.05 | .01 |
|----------------------------|-----------------------|----------------|-----------------------|------------|---------------|---------|------------|
| FRACTURES, DISLOCATIONS | 2 | 4 | 3,272.50 | 818.13 | .000 | 1636.25 | .16 |
| ORTHODONTIC SERVICES | 63 | 75 | 4,645.00 | 61.93 | .004 | 73.73 | .23 |
| ALL OTHER SERVICES | 19 | 30 | 375.00 | 12.50 | .001 | 19.74 | .02 |
| #CALIF DEPT OF HEALTH SERV | MEDI-CAL SERVICES ANI |) EXPENDITURES | MONTH-OF-PAYMENT REPO | RT FOR JAN | 2004 THRU DEC | 2004 | PAGE 1,194 |
| MOP024 | FEE-FOR-SERVICE/DENTA | ΑL | | | | | 03/14/05 |
| BUTTE COUNTY | SUMMARY OF SERVICES E | FOR ALL MEDICA | ALLY INDIGENT | | | | |

| | | | | | | | M | ONT | THLY AVERA | GE | |
|------------------------------|----------------|------------------|----|--------------|----|------------|-----------|-----|------------|----|----------|
| 20,246 ELIGIBLES | USERS | UNITS OF SERVICE | Ε | EXPENDITURES | AV | ERAGE COST | UNITS/DAY | S | COST PER | | COST PER |
| | | OR DAYS OF CAR | E | | PΕ | R UNIT/DAY | PER ELIG | | USER | | ELIGIBLE |
| @OPTOMETRIST | 235 | 641 | \$ | 14,138.35 | \$ | 22.06 | .032 | \$ | 60.16 | \$ | .70 |
| DIAGNOSTIC AND ANC. PROCED | 174 | 190 | | 7,672.92 | | 40.38 | .009 | | 44.10 | | .38 |
| EYE APPLIANCES | 167 | 448 | | 6,418.61 | | 14.33 | .022 | | 38.43 | | .32 |
| OTHER OPTOMETRIC SERVICES | 3 | 3 | | 46.82 | | 15.61 | .000 | | 15.61 | | .00 |
| @CHIROPRACTOR | 21 | 35 | \$ | 585.20 | \$ | 16.72 | .002 | \$ | 27.87 | \$ | .03 |
| VISITS | 21 | 35 | | 585.20 | | 16.72 | .002 | | 27.87 | | .03 |
| OTHER SERVICES | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| @PODIATRIST | 8 | 13 | \$ | 412.24 | \$ | 31.71 | .001 | \$ | 51.53 | \$ | .02 |
| MEDICINE/INJECTIONS | 7 | 8 | | 268.62 | | 33.58 | .000 | | 38.37 | | .01 |
| SURGERY/ANES. | 1 | 2 | | 47.02 | | 23.51 | .000 | | 47.02 | | .00 |
| RADIO./PATHOLOGY | 1 | 1 | | 24.22 | | 24.22 | .000 | | 24.22 | | .00 |
| OTHER | 1 | 2 | | 72.38 | | 36.19 | .000 | | 72.38 | | .00 |
| @HOME HEALTH AGENCY | 61 | 4,026 | \$ | 119,394.69 | \$ | 29.66 | .199 | \$ | 1957.29 | \$ | 5.90 |
| NURSE ANESTHESIST | 16 | 235 | \$ | 2,069.41 | \$ | 8.81 | .012 | \$ | 129.34 | \$ | .10 |
| NURSE MIDWIFE | 304 | 2 , 251 | \$ | 46,493.00 | \$ | 20.65 | .111 | \$ | 152.94 | \$ | 2.30 |
| PEDIATRIC NURSE PRACTITIONER | 0 | 0 | \$ | .00 | \$ | .00 | .000 | \$ | .00 | \$ | .00 |
| FAMILY NURSE PRACTITIONER | 1 | 1 | \$ | 57.20 | \$ | 57.20 | .000 | \$ | 57.20 | \$ | .00 |
| @TOTAL HOSPITAL | 3 , 173 | 12,220 | \$ | 1,376,359.08 | \$ | 112.63 | .604 | \$ | 433.77 | \$ | 67.98 |
| HOSP INPATIENT TOTAL | 177 | 632 | | 1,020,266.15 | | 1614.35 | .031 | | 5764.22 | | 50.39 |
| HSC HOSPITALS | 17 | 121 | | 179,944.41 | | 1487.14 | .006 | | 10584.97 | | 8.89 |
| NON-HSC HOSPITAL TOTAL | 160 | 511 | | 840,321.74 | | 1644.47 | .025 | | 5252.01 | | 41.51 |
| ACCOMMODATIONS | 160 | 511 | | 246,815.50 | | 483.00 | .025 | | 1542.60 | | 12.19 |

| ADMINISTRATIVE DAYS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
|-----------------------------|----------------|-------------------------|---------------------|--------------------|---------------|------------|------------|
| TRANSITIONAL IP CARE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER ACCOM | 160 | 511 | 246,815.50 | 483.00 | .025 | 1542.60 | 12.19 |
| ANCILLARIES | 160 | 0 | 593,506.24 | .00 | .000 | 3709.41 | 29.31 |
| INPATIENT CROSSOVERS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER INPATIENT | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| HOSP OUTPATIENT TOTAL | 3,086 | 0 11 , 588 | 356,092.93 | 30.73 | .572 | 115.39 | 17.59 |
| MEDICAL | 1,558 | 2,270 | 105,697.72 | 46.56 | .112 | 67.84 | 5.22 |
| SURGERY | 192 | 229 | 12,481.82 | 54.51 | .011 | 65.01 | .62 |
| PATHOLOGY | 1,137 | 3,787 | 52,153.16 | 13.77 | .187 | 45.87 | 2.58 |
| RADIOLOGY | 646 | 893 | 54,343.75 | 60.86 | .044 | 84.12 | 2.68 |
| ROOM USE | 2,094 | 0 760 | 102,346.59 | 36.96 | | 48.88 | 5.06 |
| CROSSOVERS/ALL OTH OUTPTNT | 2,094 775 | 2,769 1,640 20 \$ | 29,069.89 | 17.73 | .081 | 37.51 | 1.44 |
| @COUNTY HOSPITAL TOTAL | 775 | 20 \$ | | \$ 53.06 | .001 | | |
| CO HOSPITAL INPATIENT TOTAL | | 0 | .00 | .00 | .000 | .00 | .00 |
| HSC HOSPITALS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| | 0 | 0 | .00 | | | .00 | |
| NON-HSC HOSPITALS TOTAL | 0 | | | .00 | .000 | | .00 |
| ACCOMMODATIONS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ADMINISTRATIVE DAYS | - | 0 | .00 | .00 | .000 | .00 | .00 |
| TRANSITIONAL IP CARE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER ACCOM | 0 | 0 | .00 | .00 | .000 | .00 | |
| ANCILLARIES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| INPATIENT CROSSOVERS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER INPATIENT | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| CO HOSP OUTPATIENT TOTAL | 3 | 20 | 1,061.26 | 53.06 | .001 | 353.75 | |
| MEDICAL | 2 | 2 | 120.83 | 60.42 | .000 | 60.42 | .01 |
| SURGERY | 1 | 3 | 69.04 | 23.01 | .000 | 69.04 | .00 |
| PATHOLOGY | 1 | 7 0 | 142.46 | 20.35 | .000 | 142.46 | .01 |
| RADIOLOGY | 0 | | .00 | .00 | .000 | .00 | .00 |
| ROOM USE | 2 | 5 | 299.37 | 59.87 | .000 | 149.69 | .01 |
| CROSSOVERS/ALL OTH OUTPINT | 1 | 3 | 429.56 | 143.19 | .000 | 429.56 | .02 |
| #CALIF DEPT OF HEALTH SERV | MEDI-CAL SERVI | CES AND EXPENDITURES M | IONTH-OF-PAYMENT RE | EPORT FOR JAN 2 | 2004 THRU DEC | C 2004 | PAGE 1,195 |
| MOP024 | FEE-FOR-SERVIC | E/DENTAL | | | | | 03/14/05 |
| BUTTE COUNTY | SUMMARY OF SER | VICES FOR ALL MEDICAL | LY INDIGENT | | | | |
| | | | | | MONT | THLY AVERA | GE |
| 20,246 ELIGIBLES | USERS | UNITS OF SERVICE | EXPENDITURES | AVERAGE COST | UNITS/DAYS | COST PER | COST PER |
| | | OR DAYS OF CARE | | PER UNIT/DAY | | USER | ELIGIBLE |
| @COMMUNITY HOSPITAL TOTAL | 3 , 170 | 12 , 200 \$ | 1,375,297.82 | \$ 112.73 | | 433.85 | \$ 67.93 |
| COMM HOSP INPATIENT TOTAL | 177 | 632 | 1,020,266.15 | 1614.35 | .031 | 5764.22 | 50.39 |
| HSC HOSPITALS | 17 | 121 | 179,944.41 | 1487.14 | .006 | 10584.97 | 8.89 |
| NON-HSC HOSPITALS TOTAL | 160 | 511 | 840,321.74 | 1487.14 1644.47 | .025 | 5252.01 | 41.51 |
| ACCOMMODATIONS | 160 | 511 | 246,815.50 | 483.00 | .025 | 1542.60 | 12.19 |
| ADMINISTRATIVE DAYS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| TRANSITIONAL IP CARE | 0 | 0 | 0.0 | 0.0 | .000 | .00 | .00 |
| ALL OTHER ACCOM | 160 | 511 | 246,815.50 | 483.00 | | 1542.60 | 12.19 |
| ANCILLARIES | 160 | 0 | 593,506.24 | .00 | .000 | 3709.41 | 29.31 |
| INPATIENT CROSSOVERS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER INPATIENT | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| COMM HOSP OUTPATIENT TOTAL | 3,083 | 11,568 | 355,031.67 | 30.69 | .571 | 115.16 | 17.54 |
| MEDICAL | 1,556 | 2,268 | 105,576.89 | 46.55 | .112 | 67.85 | 5.21 |
| SURGERY | 191 | 226 | 12,412.78 | 54.92 | .011 | 64.99 | .61 |
| PATHOLOGY | 1,136 | 3 , 780 | 52,010.70 | 13.76 | .187 | 45.78 | 2.57 |
| RADIOLOGY | 646 | 893 | 54,343.75 | 60.86 | .044 | 84.12 | 2.68 |
| ROOM USE | 2,092 | 2 , 764 | 102,047.22 | 36.92 | .137 | 48.78 | 5.04 |
| CROSSOVERS/ALL OTH OUTPTNT | 774 | 1,637 | 28,640.33 | 17.50 | .081 | 37.00 | 1.41 |
| @STATE HOSPITAL | 0 | 0 \$ | 20,640.33 | \$.00 | .000 \$ | .00 | |
| GOIVIE UOSLIIVE | U | U Ą | .00 | ٠٠٠٠ | ٠٥٥٥ ۶ | .00 | ٠.00 |

| MENTALLY ILL | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
|------------------------------|-----------------|--------------------|-------|--------------------|------|-------------|-----------|-----|-----------|-----|-----------|
| DEVELOP. DISABLED | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| @NURSING FACILITY | 39 | 1,136 | \$ | 136,211.02 | \$ | 119.90 | .056 | \$ | 3492.59 | \$ | 6.73 |
| LEV A-INTERMEDIATE | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| LEV B-REHAB MD | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| LEV B-SUBACUTE FREESTANDING | | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| LEV B-SUBACUTE HSPTL BASED | 2 | 48 | | 26,551.20 | | 553.15 | .002 | | 13275.60 | | 1.31 |
| LEV B-TRANSITIONAL IP CARE | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| LEV B-REGULAR | 37 | 1,088 | | 109,659.82 | | 100.79 | .054 | | 2963.78 | | 5.42 |
| @INTERMEDIATE CARE FACILDD | 0 | 0 | \$ | .00 | \$ | .00 | .000 | \$ | .00 | \$ | .00 |
| ICF DDH | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| ICF DD | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| ICF DDN/DDCN | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| @HEMODIALYSIS TOTAL | 12 | 905 | \$ | 40,232.76 | \$ | 44.46 | .045 | \$ | 3352.73 | \$ | 1.99 |
| HOSPITAL BASED | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| HEMODIALYSIS CENTER | 12 | 905 | | 40,232.76 | | 44.46 | .045 | | 3352.73 | | 1.99 |
| @REHABILITATION FACILITY | 26 | 616 | \$ | 10,586.64 | \$ | 17.19 | .030 | \$ | 407.18 | \$ | .52 |
| HOSPITAL BASED | 10 | 100 | | 2,365.51 | | 23.66 | .005 | | 236.55 | | .12 |
| INDEPENDENT FACILITY | 16 | 516 | | 8,221.13 | | 15.93 | .025 | | 513.82 | | .41 |
| @LABORATORY FACILITY | 651 | 1,745 | \$ | 32,926.26 | \$ | 18.87 | .086 | \$ | 50.58 | \$ | 1.63 |
| PATHOLOGY | 651 | 1,745 | | 32,926.26 | | 18.87 | .086 | | 50.58 | | 1.63 |
| XO AND OTHERS | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| @ORGANIZED OUTPATIENT CLINIC | 3,345 | 5,908 | \$ | 575,252.57 | \$ | 97.37 | .292 | \$ | 171.97 | \$ | 28.41 |
| CLINIC | 293 | 1,359 | | 46,630.52 | | 34.31 | .067 | | 159.15 | | 2.30 |
| SURGICENTER | 7 | 34 | | 1,260.71 | | 37.08 | .002 | | 180.10 | | .06 |
| HEROIN DETOX CLINIC | 1 | 8 | | 120.21 | | 15.03 | .000 | | 120.21 | | .01 |
| RURAL HEALTH CLINIC | 3 , 077 | 4,507 | | 527,241.13 | | 116.98 | .223 | | 171.35 | | 26.04 |
| #CALIF DEPT OF HEALTH SERV | MEDI-CAL SERVIO | CES AND EXPENDITUR | RES M | ONTH-OF-PAYMENT RI | EPOR | r for jan 2 | 2004 THRU | DEC | 2004 | P | AGE 1,196 |
| MOP024 | FEE-FOR-SERVICE | E/DENTAL | | | | | | | | | 03/14/05 |
| BUTTE COUNTY | SUMMARY OF SERV | ICES FOR ALL MEI | DICAL | LY INDIGENT | | | | | | | |
| | | | | | | | M | INO | HLY AVERA | .GE | |
| 20,246 ELIGIBLES | USERS | UNITS OF SERVICE | E | EXPENDITURES | AVI | ERAGE COST | UNITS/DAY | S | COST PER | (| COST PER |
| | | OR DAYS OF CAR | Ε | | PEI | R UNIT/DAY | | | USER | | ELIGIBLE |
| @ALL OTHER PROVIDERS | 831 | 16 , 974 | \$ | 146,575.41 | \$ | 8.64 | .838 | \$ | 176.38 | \$ | 7.24 |
| DURABLE MED. EQUIP. | 42 | 84 | | 16,674.36 | | 198.50 | .004 | | 397.01 | | .82 |
| BLOOD BANK | 1 | 616 | | 1,848.00 | | 3.00 | .030 | | 1848.00 | | .09 |
| HEARING AID DISPENSERS | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| MEDICAL TRANSPORTATION | 193 | 3 , 854 | | 56,737.07 | | 14.72 | .190 | | 293.97 | | 2.80 |
| AMBULANCES/AIR TRANS | 170 | 2,514 | | 32,010.10 | | 12.73 | .124 | | 188.29 | | 1.58 |
| OTHER TRANS | 29 | 1,329 | | 8,505.23 | | 6.40 | .066 | | 293.28 | | .42 |
| OTHER SERVICES | 11 | 11 | | 16,221.74 | | 1474.70 | .001 | | 1474.70 | | .80 |
| ACUPUNCTURE | 2 | 4 | | 75.69 | | 18.92 | .000 | | 37.85 | | .00 |
| ADULT DAY HEALTH CARE CTR | 1 | 13 | | 904.54 | | 69.58 | .001 | | 904.54 | | .04 |
| | | | | | | 404 = 6 | | | 404 = 6 | | |

33.83

.00

8.53

14.08

30.13

288.63

288.63

59.37

39.29

117.29

.00

.00

5,751.00

9,674.81

3,037.53

1,999.53

4,040.82

4,040.82

17,367.29

16,772.35

237.46

60.26

.00

.00

.00

104.56

879.53

18.87

60.26

505.10

505.10

237.46

112.05

4193.09

.00

.00

222.17

.00

.003

.014

.000

.018

.007

.000

.001

.001

.000

.000

.022

.007

.000

.28

.48

.00

.15

.10

.00

.20

.20

.00

.01

.86

.83

.00

55

286

0

356

142

2

14

14

0

442

143

0

11

161

0

9

1

8

0

4

0

1

155

GENETIC DISEASE TESTING

OCCUPATIONAL THERAPIST

PROSTHETIST/ORTHOTISTS

SPEECH AND AUDIOLOGY

NONINST BIRTHING CENTERS

PHYSICAL THERAPIST

PORTABLE X-RAY

PROSTHETICS

HOSPICE SERVICES

ORTHOTICS

PSYCHOLOGIST

OPTICIAN

IHMC, MODEL-NF, NF, AIDS, MSSP

| LOCAL EDUCATION AGENCIES | 173 | 878 | 7,598.32 | 8.65 | .043 | 43 | .92 | .38 |
|-------------------------------|-----|--------|------------------|-------------|------|---------|-----|-------------|
| EPSDT SUPPLEMENTAL SERVICE | 0 | 0 | .00 | .00 | .000 | | .00 | .00 |
| RESPIRATORY CARE PRACT. | 0 | 0 | .00 | .00 | .000 | | .00 | .00 |
| PED SUBACUTE REHAB/WEANING | 0 | 0 | .00 | .00 | .000 | | .00 | .00 |
| ALL OTHER PROVIDERS | 33 | 10,081 | 3,796.38 | .38 | .498 | 115 | .04 | .19 |
| @CALIF. CHILDREN SERVICES* | 146 | 5,496 | \$ 275,659.31 | \$ 50.16 | .271 | \$ 1888 | .08 | \$ 13.62 |
| @XOVER EXCLUDING STATE HOSP** | 0 | 0 | \$.00 | \$.00 | .000 | \$ | .00 | \$.00 |

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 1,197 MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05

| BUTTE COUNTY | SUMMARY OF SERV | ICES FOR RENAL DIALY | SIS | AID CODES | 71 | | , , |
|----------------------------|-----------------|----------------------|--------------|--------------|------------|--------------|----------|
| | | | | | MONT | THLY AVERAGI | Ξ |
| 00 ELIGIBLES | USERS | UNITS OF SERVICE | EXPENDITURES | AVERAGE COST | UNITS/DAYS | COST PER | COST PER |
| | | OR DAYS OF CARE | | PER UNIT/DAY | PER ELIG | USER | ELIGIBLE |
| @TOTAL, ALL PROVIDERS | 0 | 0 \$ | .00 | \$.00 | .000 \$ | .00 | \$.00 |
| @PHYSICIANS SERVICES | 0 | 0 \$ | .00 | \$.00 | .000 \$ | .00 | .00 |
| OUTPATIENT VISITS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OFFICE VISITS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| HOME VISITS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| EMERGENCY ROOM | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PREVENTIVE CARE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OB VISITS/COMPRE PERI | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OTHER OUTPATIENT | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| INPATIENT VISITS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| HOSPITAL VISITS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| CRITICAL CARE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| SNF/ICF/TRANS IP CARE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OPHTHALMOLOGICAL SERVICES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| EXAMINATIONS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| SERVICES AND MATERIALS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| INPATIENT HOSPITAL SURGERY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PRINCIPAL SURGEON | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ASSISTANT SURGEON | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ANESTHESIOLOGIST | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OUTPATIENT SURGERY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PRINCIPAL SURGEON | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ASSISTANT SURGEON | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ANESTHESIOLOGIST | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| DIALYSIS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PATHOLOGY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| RADIOLOGY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PSYCHIATRY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| IMMUNIZATION AND INJECTION | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OTHER SERVICES/ALL X-OVERS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| @PHARMACY | 0 | 0 \$ | .00 | \$.00 | .000 \$ | .00 | |
| PRESCRIPTION DRUGS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| SNF/ICF | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OUTPATIENTS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| MEDICAL SUPPLIES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| @DENTIST | 0 | 0 \$ | .00 | \$.00 | .000 \$ | .00 | |
| VISITS - DIAGNOSTIC | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ORAL SURGERY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| DRUGS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ANESTHESIA | 0 | 0 | .00 | .00 | .000 | .00 | .00 |

| PERIODONTICS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
|----------------------------|---------------------|------------------------|--------------------|---------------|-------------|--------------|------------|
| ENDODONTICS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| RESTORATIVE DENTISTRY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PROSTHETICS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| DENTURES, STAYPLATES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| SPACE MAINTAINERS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| MAXILLOFACIAL SERVICES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| FRACTURES, DISLOCATIONS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ORTHODONTIC SERVICES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER SERVICES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| #CALIF DEPT OF HEALTH SERV | MEDI-CAL SERVICES A | AND EXPENDITURES MONTH | H-OF-PAYMENT REPOR | RT FOR JAN 20 | 004 THRU DE | C 2004 | PAGE 1,198 |
| MOP024 | FEE-FOR-SERVICE/DEN | ITAL | | | | | 03/14/05 |
| BUTTE COUNTY | SUMMARY OF SERVICES | FOR RENAL DIALYSIS | | AID CODES 7 | 71 | | |
| | | | | _ | MON | THIV ALIEDAC | 'F' |

| | | | | | | M | TNO | HLY AVERA | ΞE | |
|------------------------------|-------|------------------|--------------|--------|---------|-----------|-----|-----------|----|----------|
| 00 ELIGIBLES | USERS | UNITS OF SERVICE | EXPENDITURES | | | UNITS/DAY | | COST PER | | COST PER |
| | | OR DAYS OF CARE | | PER UI | VIT/DAY | | | USER | | ELIGIBLE |
| @OPTOMETRIST | 0 | 0 | \$.00 | \$ | .00 | .000 | \$ | .00 | \$ | .00 |
| DIAGNOSTIC AND ANC. PROCED | 0 | 0 | .00 | | .00 | .000 | | .00 | | .00 |
| EYE APPLIANCES | 0 | 0 | .00 | | .00 | .000 | | .00 | | .00 |
| OTHER OPTOMETRIC SERVICES | 0 | 0 | .00 | | .00 | .000 | | .00 | | .00 |
| @CHIROPRACTOR | 0 | 0 | \$.00 | \$ | .00 | .000 | \$ | .00 | \$ | .00 |
| VISITS | 0 | 0 | .00 | | .00 | .000 | | .00 | | .00 |
| OTHER SERVICES | 0 | 0 | .00 | | .00 | .000 | | .00 | | .00 |
| @PODIATRIST | 0 | 0 | \$.00 | \$ | .00 | .000 | \$ | .00 | \$ | .00 |
| MEDICINE/INJECTIONS | 0 | 0 | .00 | | .00 | .000 | | .00 | | .00 |
| SURGERY/ANES. | 0 | 0 | .00 | | .00 | .000 | | .00 | | .00 |
| RADIO./PATHOLOGY | 0 | 0 | .00 | | .00 | .000 | | .00 | | .00 |
| OTHER | 0 | 0 | .00 | | .00 | .000 | | .00 | | .00 |
| @HOME HEALTH AGENCY | 0 | 0 | \$.00 | \$ | .00 | .000 | \$ | .00 | \$ | .00 |
| NURSE ANESTHESIST | 0 | 0 | \$.00 | \$ | .00 | .000 | \$ | .00 | \$ | .00 |
| NURSE MIDWIFE | 0 | 0 | \$.00 | \$ | .00 | .000 | \$ | .00 | \$ | .00 |
| PEDIATRIC NURSE PRACTITIONER | 0 | 0 | \$.00 | \$ | .00 | .000 | \$ | .00 | \$ | .00 |
| FAMILY NURSE PRACTITIONER | 0 | 0 | \$.00 | \$ | .00 | .000 | \$ | .00 | \$ | .00 |
| @TOTAL HOSPITAL | 0 | 0 | \$.00 | \$ | .00 | .000 | \$ | .00 | \$ | .00 |
| HOSP INPATIENT TOTAL | 0 | 0 | .00 | | .00 | .000 | | .00 | | .00 |
| HSC HOSPITALS | 0 | 0 | .00 | | .00 | .000 | | .00 | | .00 |
| NON-HSC HOSPITAL TOTAL | 0 | 0 | .00 | | .00 | .000 | | .00 | | .00 |
| ACCOMMODATIONS | 0 | 0 | .00 | | .00 | .000 | | .00 | | .00 |
| ADMINISTRATIVE DAYS | 0 | 0 | .00 | | .00 | .000 | | .00 | | .00 |
| TRANSITIONAL IP CARE | 0 | 0 | .00 | | .00 | .000 | | .00 | | .00 |
| ALL OTHER ACCOM | 0 | 0 | .00 | | .00 | .000 | | .00 | | .00 |
| ANCILLARIES | 0 | 0 | .00 | | .00 | .000 | | .00 | | .00 |
| INPATIENT CROSSOVERS | 0 | 0 | .00 | | .00 | .000 | | .00 | | .00 |
| ALL OTHER INPATIENT | 0 | 0 | .00 | | .00 | .000 | | .00 | | .00 |
| HOSP OUTPATIENT TOTAL | 0 | 0 | .00 | | .00 | .000 | | .00 | | .00 |
| MEDICAL | 0 | 0 | .00 | | .00 | .000 | | .00 | | .00 |
| SURGERY | 0 | 0 | .00 | | .00 | .000 | | .00 | | .00 |
| PATHOLOGY | 0 | 0 | .00 | | .00 | .000 | | .00 | | .00 |
| RADIOLOGY | 0 | 0 | .00 | | .00 | .000 | | .00 | | .00 |
| ROOM USE | 0 | 0 | .00 | | .00 | .000 | | .00 | | .00 |
| CROSSOVERS/ALL OTH OUTPINT | 0 | 0 | .00 | | .00 | .000 | | .00 | | .00 |
| @COUNTY HOSPITAL TOTAL | 0 | 0 | \$.00 | \$ | .00 | .000 | \$ | .00 | \$ | .00 |
| CO HOSPITAL INPATIENT TOTAL | 0 | 0 | .00 | | .00 | .000 | | .00 | | .00 |
| HSC HOSPITALS | 0 | 0 | .00 | | .00 | .000 | | .00 | | .00 |
| NON-HSC HOSPITALS TOTAL | 0 | 0 | .00 | | .00 | .000 | | .00 | | .00 |
| ACCOMMODATIONS | 0 | 0 | .00 | | .00 | .000 | | .00 | | .00 |

| ADMINISTRATIVE DAYS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
|--|--------------------|------------------------------------|---|---|---|---|--|
| TRANSITIONAL IP CARE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER ACCOM | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ANCILLARIES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| INPATIENT CROSSOVERS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER INPATIENT | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| CO HOSP OUTPATIENT TOTAL | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| MEDICAL | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| SURGERY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PATHOLOGY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| RADIOLOGY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ROOM USE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| CROSSOVERS/ALL OTH OUTPTNT | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| #CALIF DEPT OF HEALTH SERV | MEDI-CAL SERVICES | AND EXPENDITURES MON' | TH-OF-PAYMENT REP | ORT FOR JAN 2 | 2004 THRU DI | EC 2004 | PAGE 1,199 |
| MOP024 | FEE-FOR-SERVICE/DE | ENTAL | | | | | 03/14/05 |
| BUTTE COUNTY | SUMMARY OF SERVICE | | S | AID CODES | 71 | | |
| | | | | | 1403 | NULLE ALIDEA | ~= |
| | | | | | M() | NTHLY AVERAU | 3E |
| 00 ELIGIBLES | USERS UI | NITS OF SERVICE | EXPENDITURES | AVERAGE COST | | NTHLY AVERAO COST PER | COST PER |
| 00 ELIGIBLES | | NITS OF SERVICE OR DAYS OF CARE | | AVERAGE COST PER UNIT/DAY | | | |
| 00 ELIGIBLES @COMMUNITY HOSPITAL TOTAL | | | | | UNITS/DAYS | COST PER USER | COST PER |
| | | OR DAYS OF CARE | | PER UNIT/DAY | UNITS/DAYS PER ELIG | COST PER USER | COST PER ELIGIBLE |
| @COMMUNITY HOSPITAL TOTAL | | OR DAYS OF CARE | .00 | PER UNIT/DAY \$.00 | UNITS/DAYS PER ELIG .000 | COST PER USER \$.00 | COST PER ELIGIBLE \$.00 |
| @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL | | OR DAYS OF CARE | .00 | PER UNIT/DAY \$.00 .00 | UNITS/DAYS PER ELIG .000 .000 | COST PER USER \$.00 | COST PER ELIGIBLE \$.00 .00 |
| @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS | | OR DAYS OF CARE | .00 | PER UNIT/DAY \$.00 .00 .00 | UNITS/DAYS PER ELIG .000 .000 | COST PER USER \$.00 .00 .00 | COST PER ELIGIBLE \$.00 .00 .00 |
| @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL | | OR DAYS OF CARE | .00 .00 .00 | PER UNIT/DAY \$.00 .00 .00 .00 | UNITS/DAYS PER ELIG .000 .000 .000 .000 | COST PER USER \$.00 .00 .00 | COST PER ELIGIBLE \$.00 .00 .00 |
| @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS | | OR DAYS OF CARE | .00 .00 .00 .00 | PER UNIT/DAY \$.00 .00 .00 .00 .00 | UNITS/DAYS PER ELIG .000 .000 .000 .000 .000 | COST PER USER \$.00 .00 .00 .00 | COST PER ELIGIBLE \$.00 .00 .00 .00 |
| @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS | | OR DAYS OF CARE | .00 .00 .00 .00 .00 | PER UNIT/DAY \$.00 .00 .00 .00 .00 .00 | UNITS/DAYS PER ELIG .000 .000 .000 .000 .000 .000 | COST PER USER \$.00 .00 .00 .00 .00 | COST PER ELIGIBLE \$.00 .00 .00 .00 .00 |
| @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE | | OR DAYS OF CARE | .00 .00 .00 .00 .00 .00 | PER UNIT/DAY \$.00 .00 .00 .00 .00 .00 .00 .00 | UNITS/DAYS PER ELIG .000 .000 .000 .000 .000 .000 .000 .0 | COST PER USER \$.00 .00 .00 .00 .00 .00 .00 .00 .00 | COST PER ELIGIBLE \$.00 .00 .00 .00 .00 .00 .00 |
| @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM | | OR DAYS OF CARE | .00 .00 .00 .00 .00 | PER UNIT/DAY \$.00 .00 .00 .00 .00 .00 .00 | UNITS/DAYS PER ELIG .000 .000 .000 .000 .000 .000 .000 | COST PER USER \$.00 .00 .00 .00 .00 .00 | COST PER ELIGIBLE \$.00 .00 .00 .00 .00 .00 |
| @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES | | OR DAYS OF CARE | .00 .00 .00 .00 .00 .00 | PER UNIT/DAY \$.00 .00 .00 .00 .00 .00 .00 .00 .00 | UNITS/DAYS PER ELIG .000 .000 .000 .000 .000 .000 .000 .0 | COST PER USER \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00 | COST PER ELIGIBLE \$.00 .00 .00 .00 .00 .00 .00 .00 |
| @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT | | OR DAYS OF CARE | .00 .00 .00 .00 .00 .00 .00 | PER UNIT/DAY \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00 | UNITS/DAYS PER ELIG .000 .000 .000 .000 .000 .000 .000 .0 | COST PER USER \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00 | COST PER ELIGIBLE \$.00 .00 .00 .00 .00 .00 .00 .00 .00 |
| @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS | | OR DAYS OF CARE | .00 .00 .00 .00 .00 .00 .00 | PER UNIT/DAY \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00 | UNITS/DAYS PER ELIG .000 .000 .000 .000 .000 .000 .000 .0 | COST PER USER \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00 | COST PER ELIGIBLE \$.00 .00 .00 .00 .00 .00 .00 .00 |

| SURGERY | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
|------------------------------|--------------------------|---------|------------|----------------|-------|--------------|--------|-------|------------|------|---------|
| PATHOLOGY | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| RADIOLOGY | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| ROOM USE | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| CROSSOVERS/ALL OTH OUTPINT | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| @STATE HOSPITAL | 0 | 0 | \$ | .00 | \$ | .00 | .000 | \$ | .00 | \$ | .00 |
| MENTALLY ILL | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| DEVELOP. DISABLED | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| @NURSING FACILITY | 0 | 0 | \$ | .00 | \$ | .00 | .000 | \$ | .00 | \$ | .00 |
| LEV A-INTERMEDIATE | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| LEV B-REHAB MD | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| LEV B-SUBACUTE FREESTANDING | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| LEV B-SUBACUTE HSPTL BASED | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| LEV B-TRANSITIONAL IP CARE | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| LEV B-REGULAR | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| @INTERMEDIATE CARE FACILDD | 0 | 0 | \$ | .00 | \$ | .00 | .000 | \$ | .00 | \$ | .00 |
| ICF DDH | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| ICF DD | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| ICF DDN/DDCN | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| @HEMODIALYSIS TOTAL | 0 | 0 | \$ | .00 | \$ | .00 | .000 | \$ | .00 | \$ | .00 |
| HOSPITAL BASED | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| HEMODIALYSIS CENTER | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| @REHABILITATION FACILITY | 0 | 0 | \$ | .00 | \$ | .00 | .000 | \$ | .00 | \$ | .00 |
| HOSPITAL BASED | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| INDEPENDENT FACILITY | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| @LABORATORY FACILITY | 0 | 0 | \$ | .00 | \$ | .00 | .000 | \$ | .00 | \$ | .00 |
| PATHOLOGY | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| XO AND OTHERS | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| @ORGANIZED OUTPATIENT CLINIC | 0 | 0 | \$ | .00 | \$ | .00 | .000 | \$ | .00 | \$ | .00 |
| CLINIC | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| SURGICENTER | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| HEROIN DETOX CLINIC | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| RURAL HEALTH CLINIC | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| #CALIF DEPT OF HEALTH SERV | MEDI-CAL SERVICES AND EX | PENDITU | JRES MONTH | -OF-PAYMENT RI | EPORT | FOR JAN 200 | 4 THRU | DEC | 2004 | PAGE | 1,200 |
| MOP024 | FEE-FOR-SERVICE/DENTAL | | | | | | | | | 03 | 3/14/05 |
| BUTTE COUNTY | SUMMARY OF SERVICES FOR | RENAL | DIALYSIS | | | AID CODES 71 | - | | | | |
| | | | | | | | M | IONTI | HLY AVERAC | GE | |

| | | | | | MON' | I'HLY AVERAG | 近 |
|--------------------------------|-------|------------------|--------------|--------------|------------|--------------|----------|
| 00 ELIGIBLES | USERS | UNITS OF SERVICE | EXPENDITURES | AVERAGE COST | UNITS/DAYS | COST PER | COST PER |
| | | OR DAYS OF CARE | | PER UNIT/DAY | PER ELIG | USER | ELIGIBLE |
| @ALL OTHER PROVIDERS | 0 | 0 \$ | .00 | \$.00 | .000 \$ | .00 | \$.00 |
| DURABLE MED. EQUIP. | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| BLOOD BANK | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| HEARING AID DISPENSERS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| MEDICAL TRANSPORTATION | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| AMBULANCES/AIR TRANS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OTHER TRANS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OTHER SERVICES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ACUPUNCTURE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ADULT DAY HEALTH CARE CTR | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| GENETIC DISEASE TESTING | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| IHMC, MODEL-NF, NF, AIDS, MSSP | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OCCUPATIONAL THERAPIST | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OPTICIAN | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PHYSICAL THERAPIST | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PORTABLE X-RAY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PROSTHETIST/ORTHOTISTS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| | | | | | | | |

| PROSTHETICS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
|-------------------------------|---|------|-----|--------|---------|--------|-----|
| ORTHOTICS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PSYCHOLOGIST | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| SPEECH AND AUDIOLOGY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| HOSPICE SERVICES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| NONINST BIRTHING CENTERS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| LOCAL EDUCATION AGENCIES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| EPSDT SUPPLEMENTAL SERVICE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| RESPIRATORY CARE PRACT. | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PED SUBACUTE REHAB/WEANING | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER PROVIDERS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| @CALIF. CHILDREN SERVICES* | 0 | 0 \$ | .00 | \$.00 | .000 \$ | .00 \$ | .00 |
| @XOVER EXCLUDING STATE HOSP** | 0 | 0 \$ | .00 | \$.00 | .000 \$ | .00 \$ | .00 |

^{0*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MOP024

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 FEE-FOR-SERVICE/DENTAL

PAGE 1,201 03/14/05

BUTTE COUNTY SUMMARY OF SERVICES FOR TOTAL PARENTERAL NUTRITION AID CODES 73

| 20112 000111 | 0011111111 01 01111110110 | 1011 101112 11112111 | | 1112 00220 | MONT | ישוע אזוים ארם | |
|---|---------------------------|----------------------|--------------|--------------|----------|----------------|----------|
| 00 ELIGIBLES | USERS UNIT | S OF SERVICE | EXPENDITURES | AVERAGE COST | | COST PER | COST PER |
| 00 ELIGIBLES | | DAYS OF CARE | EVERNDIIOVE2 | PER UNIT/DAY | PER ELIG | USER | ELIGIBLE |
| @TOTAL, ALL PROVIDERS | 0 | 0 \$ | .00 | \$.00 | .000 \$ | .00 \$ | .00 |
| @PHYSICIANS SERVICES | 0 | 0 \$ | .00 | \$.00 | .000 \$ | .00 \$ | .00 |
| OUTPATIENT VISITS | 0 | 0 3 | .00 | .00 | .000 \$ | .00 \$ | .00 |
| OFFICE VISITS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| HOME VISITS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| EMERGENCY ROOM | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PREVENTIVE CARE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OB VISITS/COMPRE PERI | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OTHER OUTPATIENT | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| INPATIENT VISITS | 0 | 0 | .00 | | .000 | .00 | |
| HOSPITAL VISITS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| | 0 | 0 | .00 | .00 | | .00 | .00 |
| CRITICAL CARE | 0 | 0 | | .00 | .000 | | .00 |
| SNF/ICF/TRANS IP CARE OPHTHALMOLOGICAL SERVICES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| EXAMINATIONS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| SERVICES AND MATERIALS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| INPATIENT HOSPITAL SURGERY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PRINCIPAL SURGEON | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ASSISTANT SURGEON | 0 | U | .00 | .00 | .000 | .00 | .00 |
| ANESTHESIOLOGIST | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OUTPATIENT SURGERY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PRINCIPAL SURGEON | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ASSISTANT SURGEON | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ANESTHESIOLOGIST | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| DIALYSIS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PATHOLOGY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| RADIOLOGY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PSYCHIATRY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| IMMUNIZATION AND INJECTION | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OTHER SERVICES/ALL X-OVERS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| @PHARMACY | 0 | 0 \$ | .00 | \$.00 | .000 \$ | .00 \$ | .00 |
| PRESCRIPTION DRUGS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| SNF/ICF | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OUTPATIENTS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |

| MEDICAL SUPPLIES | 0 | | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
|------------------------------|------------------|-----------|--------|----------|---------------------|-----------|-------|-----------|----------|-----------|----------|-----------|
| @DENTIST | 0 | | 0 | Ś | .00 | Ś | .00 | .000 | Ċ | .00 | \$ | .00 |
| VISITS - DIAGNOSTIC | 0 | | 0 | Y | .00 | Ÿ | .00 | .000 | Y | .00 | Y | .00 |
| ORAL SURGERY | 0 | | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| | 0 | | 0 | | | | | | | | | |
| DRUGS | 0 | | Ü | | .00 | | .00 | .000 | | .00 | | .00 |
| ANESTHESIA | • | | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| PERIODONTICS | 0 | | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| ENDODONTICS | 0 | | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| RESTORATIVE DENTISTRY | 0 | | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| PROSTHETICS | 0 | | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| DENTURES, STAYPLATES | 0 | | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| SPACE MAINTAINERS | 0 | | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| MAXILLOFACIAL SERVICES | 0 | | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| FRACTURES, DISLOCATIONS | 0 | | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| ORTHODONTIC SERVICES | 0 | | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| ALL OTHER SERVICES | 0 | | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| #CALIF DEPT OF HEALTH SERV | MEDI-CAL SERVICE | ES AND EX | PENDIT | URES N | MONTH-OF-PAYMENT RE | EPORT FOR | JAN 2 | 2004 THRU | DEC | 2004 | Ρ | AGE 1,202 |
| MOP024 | FEE-FOR-SERVICE | /DENTAL | | | | | | | | | | 03/14/05 |
| BUTTE COUNTY | SUMMARY OF SERV | ICES FOR | TOTAL | PAREN | TERAL NUTRITION | AID | CODES | 73 | | | | |
| | | | | | | | | | ONT | HLY AVERA | GE. | |
| 00 ELIGIBLES | USERS | UNITS OF | SERVI | CE | EXPENDITURES | AVERAGE | COST | UNITS/DAY | | COST PER | | COST PER |
| 00 EETCIBEE | OBLIG | OR DAYS | | | | PER UNI | | | | USER | | ELIGIBLE |
| @OPTOMETRIST | 0 | OIC DIIID | 0 | Ś | .00 | S S | .00 | .000 | | .00 | Ś | .00 |
| DIAGNOSTIC AND ANC. PROCED | 0 | | 0 | Υ | .00 | Ψ | .00 | .000 | ٧ | .00 | Ψ | .00 |
| EYE APPLIANCES | 0 | | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| OTHER OPTOMETRIC SERVICES | 0 | | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| @CHIROPRACTOR | 0 | | 0 | \$ | .00 | \$ | .00 | .000 | ċ | .00 | \$ | .00 |
| VISITS | 0 | | 0 | ۲ | .00 | Ÿ | .00 | .000 | ۲ | .00 | ۲ | .00 |
| | 0 | | 0 | | | | | | | | | |
| OTHER SERVICES | 0 | | | ^ | .00 | <u>^</u> | .00 | .000 | <u>^</u> | .00 | <u> </u> | .00 |
| @PODIATRIST | • | | 0 | \$ | .00 | \$ | .00 | .000 | Ş | .00 | \$ | .00 |
| MEDICINE/INJECTIONS | 0 | | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| SURGERY/ANES. | 0 | | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| RADIO./PATHOLOGY | 0 | | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| OTHER | 0 | | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| @HOME HEALTH AGENCY | 0 | | 0 | \$ | .00 | \$ | .00 | .000 | | .00 | \$ | .00 |
| NURSE ANESTHESIST | 0 | | 0 | \$ | .00 | \$ | .00 | .000 | \$ | .00 | \$ | .00 |
| NURSE MIDWIFE | 0 | | 0 | \$ | .00 | \$ | .00 | .000 | \$ | .00 | \$ | .00 |
| PEDIATRIC NURSE PRACTITIONER | 0 | | 0 | \$ | .00 | \$ | .00 | .000 | \$ | .00 | \$ | .00 |
| FAMILY NURSE PRACTITIONER | 0 | | 0 | \$ | .00 | \$ | .00 | .000 | \$ | .00 | \$ | .00 |
| @TOTAL HOSPITAL | 0 | | 0 | \$ | .00 | \$ | .00 | .000 | \$ | .00 | \$ | .00 |
| HOSP INPATIENT TOTAL | 0 | | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| HSC HOSPITALS | 0 | | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| NON-HSC HOSPITAL TOTAL | 0 | | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| ACCOMMODATIONS | 0 | | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| ADMINISTRATIVE DAYS | Õ | | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| TRANSITIONAL IP CARE | 0 | | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| ALL OTHER ACCOM | 0 | | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| ANCILLARIES | 0 | | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| INPATIENT CROSSOVERS | 0 | | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| ALL OTHER INDATTENT | 0 | | 0 | | .00 | | .00 | .000 | | .00 | | .00 |

.00

.00

.00

.00

.00

.00

.00

.00

.00

.00

.00

.00

.00

.00

.000

.000

.000

.000

.000

.000

.000

.00

.00

.00

.00

.00

.00

.00

.00 .00

.00

.00

.00

.00

.00 .00

ALL OTHER INPATIENT

HOSP OUTPATIENT TOTAL

MEDICAL

SURGERY

PATHOLOGY

RADIOLOGY

ROOM USE

0

0

0

0

0

0

0

0

0

0

0

| CROSSOVERS/ALL OTH OUTPINT | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
|--------------------------------|----------------|--------------------------|-------------------|-----------------|---------------|---------------------|------------|
| @COUNTY HOSPITAL TOTAL | 0 | 0 \$ | .00 | \$.00 | .000 \$ | .00 | |
| | ŭ | | | | · | | |
| CO HOSPITAL INPATIENT TOTAL | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| HSC HOSPITALS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| NON-HSC HOSPITALS TOTAL | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ACCOMMODATIONS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ADMINISTRATIVE DAYS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| TRANSITIONAL IP CARE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER ACCOM | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ANCILLARIES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| INPATIENT CROSSOVERS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER INPATIENT | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| CO HOSP OUTPATIENT TOTAL | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| MEDICAL | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| SURGERY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PATHOLOGY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| RADIOLOGY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ROOM USE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| CROSSOVERS/ALL OTH OUTPINT | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| #CALIF DEPT OF HEALTH SERV | | CES AND EXPENDITURES MON | | | | | PAGE 1,203 |
| MOP024 | FEE-FOR-SERVIC | | III OF FAIMENT NE | SPORT FOR UAN 2 | OLC OILL FOO. | 2004 | 03/14/05 |
| | | | | AID CODEC | 7.2 | | 03/14/03 |
| BUTTE COUNTY | SUMMARY OF SER | VICES FOR TOTAL PARENTE | RAL NUTRITION | AID CODES | | 11 11 A 11 11 D A C | |
| OO ELICIDIES | HOEDO | INTEG OF CEDITOR | EADEMDIMIDEC | | MONTE | | |
| 00 ELIGIBLES | USERS | UNITS OF SERVICE | EXPENDITURES | AVERAGE COST | | COST PER | COST PER |
| | | OR DAYS OF CARE | | - , | PER ELIG | USER | ELIGIBLE |
| @COMMUNITY HOSPITAL TOTAL | 0 | 0 \$ | .00 | \$.00 | .000 \$ | .00 | |
| COMM HOSP INPATIENT TOTAL | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| HSC HOSPITALS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| NON-HSC HOSPITALS TOTAL | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ACCOMMODATIONS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ADMINISTRATIVE DAYS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| TRANSITIONAL IP CARE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER ACCOM | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ANCILLARIES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| INPATIENT CROSSOVERS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER INPATIENT | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| COMM HOSP OUTPATIENT TOTAL | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| MEDICAL | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| SURGERY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PATHOLOGY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| RADIOLOGY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| | 0 | 0 | | | | | |
| ROOM USE | 0 | | .00 | .00 | .000 | .00 | .00 |
| CROSSOVERS/ALL OTH OUTPTNT | | 0 | .00 | .00 | .000 | .00 | .00 |
| @STATE HOSPITAL | 0 | 0 \$ | .00 | \$.00 | .000 \$ | .00 | |
| MENTALLY ILL | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| DEVELOP. DISABLED | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| @NURSING FACILITY | 0 | 0 \$ | .00 | \$.00 | .000 \$ | | \$.00 |
| LEV A-INTERMEDIATE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| LEV B-REHAB MD | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| THIS D GUIDAGUME EDDERGMANDING | ^ | ^ | 0.0 | 0.0 | 000 | 0.0 | 0.0 |

.00

.00

.00

.00

.00

.00

.00

.00

.00

.00

.00

.00

.00

.000

.000

.000

.000

.000

.000

.000 \$

.00

.00

.00

.00

.00

.00

.00

.00

.00

.00

.00

.00

.00

.00 \$

0

0

0

0

0

0

0

0

0 0

0

LEV B-SUBACUTE FREESTANDING

LEV B-SUBACUTE HSPTL BASED

LEV B-TRANSITIONAL IP CARE

@INTERMEDIATE CARE FACIL.-DD

LEV B-REGULAR

ICF DDH

ICF DD

| ICF DDN/DDCN | 0 | | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
|---|--|-------------------------------|----------|--------|---|-------|---|--|---------|---|--------------------|--|
| @HEMODIALYSIS TOTAL | 0 | | 0 | \$ | .00 | \$ | .00 | .000 | \$ | .00 | \$ | .00 |
| HOSPITAL BASED | 0 | | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| HEMODIALYSIS CENTER | 0 | | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| @REHABILITATION FACILITY | 0 | | 0 | \$ | .00 | \$ | .00 | .000 | \$ | .00 | \$ | .00 |
| HOSPITAL BASED | 0 | | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| INDEPENDENT FACILITY | 0 | | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| @LABORATORY FACILITY | 0 | | 0 | \$ | .00 | \$ | .00 | .000 | \$ | .00 | \$ | .00 |
| PATHOLOGY | 0 | | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| XO AND OTHERS | 0 | | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| @ORGANIZED OUTPATIENT CLINIC | 0 | | 0 | \$ | .00 | \$ | .00 | .000 | \$ | .00 | \$ | .00 |
| CLINIC | 0 | | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| SURGICENTER | 0 | | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| HEROIN DETOX CLINIC | 0 | | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| RURAL HEALTH CLINIC | 0 | | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| #CALIF DEPT OF HEALTH SERV | MEDI-CAL SERVICES | AND EXE | PENDITUR | ES MO | NTH-OF-PAYMENT RE | EPORT | ' FOR JAN 2 | 2004 THRU | DEC | 2004 | PAGE | 1,204 |
| | | | | | | | | | | | | |
| MOP024 | FEE-FOR-SERVICE/ | | | | | | | | | | 03 | 3/14/05 |
| MOP024 BUTTE COUNTY | | DENTAL | TOTAL P | | ERAL NUTRITION | | AID CODES | 73 | | | 03 | 3/14/05 |
| BUTTE COUNTY | FEE-FOR-SERVICE/I SUMMARY OF SERVICE | DENTAL CES FOR | | ARENT | | | | N | | THLY AVERA | GE | |
| | FEE-FOR-SERVICE/I SUMMARY OF SERVICE USERS | DENTAL CES FOR JNITS OF | SERVICE | PARENT | ERAL NUTRITION EXPENDITURES | AVE | RAGE COST | N | | THLY AVERA | GE | 3/14/05 PER |
| BUTTE COUNTY 00 ELIGIBLES | FEE-FOR-SERVICE/I SUMMARY OF SERVICE USERS | DENTAL CES FOR | SERVICE | PARENT | EXPENDITURES | AVE | RAGE COST | UNITS/DAY | ZS G | COST PER USER | GE COST ELIG | PER |
| BUTTE COUNTY 00 ELIGIBLES @ALL OTHER PROVIDERS | FEE-FOR-SERVICE/I SUMMARY OF SERVICE USERS | DENTAL CES FOR JNITS OF | SERVICE | PARENT | EXPENDITURES .00 | AVE | RAGE COST UNIT/DAY | UNITS/DAY | ZS G | COST PER USER .00 | GE COSI | PER GIBLE |
| BUTTE COUNTY 00 ELIGIBLES @ALL OTHER PROVIDERS DURABLE MED. EQUIP. | FEE-FOR-SERVICE/I SUMMARY OF SERVICE USERS | DENTAL CES FOR JNITS OF | SERVICE | PARENT | EXPENDITURES .00 | AVE | RAGE COST UNIT/DAY .00 | UNITS/DAY PER ELIC | ZS G | COST PER USER .00 .00 | GE COST ELIG | PER GIBLE .00 |
| BUTTE COUNTY 00 ELIGIBLES @ALL OTHER PROVIDERS | FEE-FOR-SERVICE/I SUMMARY OF SERVICE USERS | DENTAL CES FOR JNITS OF | SERVICE | PARENT | EXPENDITURES .00 .00 .00 | AVE | RAGE COST UNIT/DAY .00 .00 | UNITS/DAY PER ELIC .000 .000 | ZS G | COST PER USER .00 .00 | GE COST ELIG | PER GIBLE .00 .00 .00 |
| BUTTE COUNTY 00 ELIGIBLES @ALL OTHER PROVIDERS DURABLE MED. EQUIP. | FEE-FOR-SERVICE/I SUMMARY OF SERVICE USERS | DENTAL CES FOR JNITS OF | SERVICE | PARENT | EXPENDITURES .00 | AVE | RAGE COST UNIT/DAY .00 | UNITS/DAY PER ELIC | ZS G | COST PER USER .00 .00 .00 | GE COST ELIG | PER GIBLE .00 |
| BUTTE COUNTY 00 ELIGIBLES @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK | FEE-FOR-SERVICE/I SUMMARY OF SERVICE USERS | DENTAL CES FOR JNITS OF | SERVICE | PARENT | EXPENDITURES .00 .00 .00 | AVE | RAGE COST UNIT/DAY .00 .00 | UNITS/DAY PER ELIC .000 .000 | ZS G | COST PER USER .00 .00 | GE COST ELIG | PER GIBLE .00 .00 |
| BUTTE COUNTY 00 ELIGIBLES @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS | FEE-FOR-SERVICE/I SUMMARY OF SERVICE USERS | DENTAL CES FOR JNITS OF | SERVICE | PARENT | EXPENDITURES | AVE | RAGE COST UNIT/DAY .00 .00 .00 | UNITS/DAY PER ELIC .000 .000 .000 | ZS G | COST PER USER .00 .00 .00 | GE COST ELIG | F PER GIBLE .00 .00 .00 .00 |
| BUTTE COUNTY 00 ELIGIBLES @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION | FEE-FOR-SERVICE/I SUMMARY OF SERVICE USERS | DENTAL CES FOR JNITS OF | SERVICE | PARENT | EXPENDITURES | AVE | RAGE COST UNIT/DAY .00 .00 .00 .00 | UNITS/DAY PER ELIC .000 .000 .000 .000 .000 .000 .000 | ZS G | COST PER USER .00 .00 .00 .00 .00 .00 .00 | GE COST ELIG | PER GIBLE .00 .00 .00 .00 .00 |
| BUTTE COUNTY 00 ELIGIBLES @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER SERVICES | FEE-FOR-SERVICE/I SUMMARY OF SERVICE USERS | DENTAL CES FOR JNITS OF | SERVICE | PARENT | EXPENDITURES | AVE | RAGE COST UNIT/DAY .00 .00 .00 .00 .00 | UNITS/DAY PER ELIC .000 .000 .000 .000 .000 .000 | ZS G | COST PER USER .00 .00 .00 .00 .00 .00 | GE COST ELIG | PER GIBLE .00 .00 .00 .00 .00 .00 .00 |
| BUTTE COUNTY 00 ELIGIBLES @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS | FEE-FOR-SERVICE/I SUMMARY OF SERVICE USERS | DENTAL CES FOR JNITS OF | SERVICE | PARENT | EXPENDITURES | AVE | RAGE COST UNIT/DAY .00 .00 .00 .00 .00 .00 | UNITS/DAY PER ELIC .000 .000 .000 .000 .000 .000 .000 | ZS G | COST PER USER .00 .00 .00 .00 .00 .00 .00 | GE COST ELIG | PER GIBLE .00 .00 .00 .00 .00 .00 .00 .00 |
| BUTTE COUNTY 00 ELIGIBLES @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER SERVICES | FEE-FOR-SERVICE/I SUMMARY OF SERVICE USERS | DENTAL CES FOR JNITS OF | SERVICE | PARENT | EXPENDITURES .00 .00 .00 .00 .00 .00 .00 .00 .00 | AVE | RAGE COST UNIT/DAY .00 .00 .00 .00 .00 .00 | UNITS/DAY PER ELIC .000 .000 .000 .000 .000 .000 .000 .0 | ZS G | COST PER USER .00 .00 .00 .00 .00 .00 .00 .00 .00 | GE COST ELIG | PER GIBLE .00 .00 .00 .00 .00 .00 .00 .00 .00 .0 |

| IHMC, MODEL-NF, NF, AIDS, MSSP | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
|--------------------------------|---|---|-----------|-----------|------|-----------|-----------|
| OCCUPATIONAL THERAPIST | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OPTICIAN | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PHYSICAL THERAPIST | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PORTABLE X-RAY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PROSTHETIST/ORTHOTISTS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PROSTHETICS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ORTHOTICS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PSYCHOLOGIST | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| SPEECH AND AUDIOLOGY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| HOSPICE SERVICES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| NONINST BIRTHING CENTERS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| LOCAL EDUCATION AGENCIES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| EPSDT SUPPLEMENTAL SERVICE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| RESPIRATORY CARE PRACT. | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PED SUBACUTE REHAB/WEANING | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER PROVIDERS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| @CALIF. CHILDREN SERVICES* | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 |
| @XOVER EXCLUDING STATE HOSP** | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 |
| | | | | | | | |

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 1,205 MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05 BUTTE COUNTY SUMMARY OF SERVICES FOR IRCA ALIENS AID CODES 51 52 56 57

| | | | | | MON' | THLY AVERAC | SE |
|----------------------------|-------|------------------|--------------|--------------|------------|-------------|----------|
| 00 ELIGIBLES | USERS | UNITS OF SERVICE | EXPENDITURES | AVERAGE COST | UNITS/DAYS | COST PER | COST PER |
| | | OR DAYS OF CARE | | PER UNIT/DAY | PER ELIG | USER | ELIGIBLE |
| @TOTAL, ALL PROVIDERS | 0 | 0 \$ | .00 | \$.00 | .000 \$ | .00 | \$.00 |
| @PHYSICIANS SERVICES | 0 | 0 \$ | .00 | \$.00 | .000 \$ | .00 | \$.00 |
| OUTPATIENT VISITS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OFFICE VISITS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| HOME VISITS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| EMERGENCY ROOM | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PREVENTIVE CARE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OB VISITS/COMPRE PERI | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OTHER OUTPATIENT | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| INPATIENT VISITS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| HOSPITAL VISITS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| CRITICAL CARE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| SNF/ICF/TRANS IP CARE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OPHTHALMOLOGICAL SERVICES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| EXAMINATIONS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| SERVICES AND MATERIALS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| INPATIENT HOSPITAL SURGERY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PRINCIPAL SURGEON | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ASSISTANT SURGEON | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ANESTHESIOLOGIST | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OUTPATIENT SURGERY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PRINCIPAL SURGEON | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ASSISTANT SURGEON | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ANESTHESIOLOGIST | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| DIALYSIS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PATHOLOGY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| RADIOLOGY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PSYCHIATRY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

| IMMUNIZATION AND INJECTION | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
|----------------------------|-----------------------|------|------------------------|------------|---------------|------|------------|
| OTHER SERVICES/ALL X-OVERS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| @PHARMACY | 0 | 0 \$ | .00 \$ | .00 | .000 \$ | .00 | \$.00 |
| PRESCRIPTION DRUGS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| SNF/ICF | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OUTPATIENTS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| MEDICAL SUPPLIES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| @DENTIST | 0 | 0 \$ | .00 \$ | .00 | .000 \$ | .00 | \$.00 |
| VISITS - DIAGNOSTIC | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ORAL SURGERY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| DRUGS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ANESTHESIA | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PERIODONTICS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ENDODONTICS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| RESTORATIVE DENTISTRY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PROSTHETICS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| DENTURES, STAYPLATES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| SPACE MAINTAINERS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| MAXILLOFACIAL SERVICES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| FRACTURES, DISLOCATIONS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ORTHODONTIC SERVICES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER SERVICES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| #CALIF DEPT OF HEALTH SERV | | | MONTH-OF-PAYMENT REPOR | RT FOR JAN | 2004 THRU DEC | 2004 | PAGE 1,206 |
| MOP024 | FEE-FOR-SERVICE/DENTA | L | | | | | 03/14/05 |

AID CODES 51 52 56 57

.00

.00

.000

.000

.00

.00

.00

.00

.00

.00

----- MONTHLY AVERAGE -----

SUMMARY OF SERVICES FOR IRCA ALIENS

BUTTE COUNTY

INPATIENT CROSSOVERS

ALL OTHER INPATIENT

00 ELIGIBLES EXPENDITURES USERS UNITS OF SERVICE AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE 0 0 .00 .00 \$ @OPTOMETRIST .00 .000 \$.00 DIAGNOSTIC AND ANC. PROCED 0 0 .00 .00 .000 .00 .00 .00 .00 EYE APPLIANCES 0 .00 .000 .00 OTHER OPTOMETRIC SERVICES .00 .00 .000 .00 .00 @CHIROPRACTOR .00 \$.00 .000 \$.00 \$.00 VISITS .00 .00 .000 .00 .00 .00 .00 .000 .00 .00 OTHER SERVICES @PODIATRIST 0 .00 \$.00 .000 \$.00 \$.00 MEDICINE/INJECTIONS 0 .00 .00 .000 .00 .00 .00 .00 .000 .00 .00 SURGERY/ANES. 0 RADIO./PATHOLOGY .00 .00 .000 .00 .00 OTHER 0 .00 .00 .000 .00 .00 .00 .00 .000 \$.00 \$.00 @HOME HEALTH AGENCY 0 NURSE ANESTHESIST .00 .00 .000 \$.00 \$.00 \$.00 NURSE MIDWIFE .00 \$.00 .000 \$.00 PEDIATRIC NURSE PRACTITIONER .00 .00 .000 .00 FAMILY NURSE PRACTITIONER .00 .00 .000 .00 .00 .000 @TOTAL HOSPITAL .00 .00 .00 \$.00 HOSP INPATIENT TOTAL .00 .00 .000 .00 HSC HOSPITALS .00 .00 .000 .00 .00 NON-HSC HOSPITAL TOTAL .00 .00 .000 .00 .00 .00 .00 ACCOMMODATIONS .00 .000 .00 .00 .00 ADMINISTRATIVE DAYS .00 .000 .00 .00 .00 .000 .00 .00 TRANSITIONAL IP CARE .00 .00 .000 .00 .00 ALL OTHER ACCOM ANCILLARIES .00 .00 .000 .00 .00

| HOSP OUTPATIENT TOTAL | 0 | 0 | | .00 | .00 | .000 | .00 | | .00 |
|-----------------------------|--------------------------|-----------|-----------|----------------|----------------|-------------|----------------|----|--------|
| MEDICAL | 0 | 0 | | .00 | .00 | .000 | .00 | | .00 |
| SURGERY | 0 | 0 | | .00 | .00 | .000 | .00 | | .00 |
| PATHOLOGY | 0 | 0 | | .00 | .00 | .000 | .00 | | .00 |
| RADIOLOGY | 0 | 0 | | .00 | .00 | .000 | .00 | | .00 |
| ROOM USE | 0 | 0 | | .00 | .00 | .000 | .00 | | .00 |
| CROSSOVERS/ALL OTH OUTPTNT | 0 | 0 | | .00 | .00 | .000 | .00 | | .00 |
| @COUNTY HOSPITAL TOTAL | 0 | 0 | \$ | .00 \$ | \$.00 | .000 \$ | .00 | \$ | .00 |
| CO HOSPITAL INPATIENT TOTAL | 0 | 0 | | .00 | .00 | .000 | .00 | | .00 |
| HSC HOSPITALS | 0 | 0 | | .00 | .00 | .000 | .00 | | .00 |
| NON-HSC HOSPITALS TOTAL | 0 | 0 | | .00 | .00 | .000 | .00 | | .00 |
| ACCOMMODATIONS | 0 | 0 | | .00 | .00 | .000 | .00 | | .00 |
| ADMINISTRATIVE DAYS | 0 | 0 | | .00 | .00 | .000 | .00 | | .00 |
| TRANSITIONAL IP CARE | 0 | 0 | | .00 | .00 | .000 | .00 | | .00 |
| ALL OTHER ACCOM | 0 | 0 | | .00 | .00 | .000 | .00 | | .00 |
| ANCILLARIES | 0 | 0 | | .00 | .00 | .000 | .00 | | .00 |
| INPATIENT CROSSOVERS | 0 | 0 | | .00 | .00 | .000 | .00 | | .00 |
| ALL OTHER INPATIENT | 0 | 0 | | .00 | .00 | .000 | .00 | | .00 |
| CO HOSP OUTPATIENT TOTAL | 0 | 0 | | .00 | .00 | .000 | .00 | | .00 |
| MEDICAL | 0 | 0 | | .00 | .00 | .000 | .00 | | .00 |
| SURGERY | 0 | 0 | | .00 | .00 | .000 | .00 | | .00 |
| PATHOLOGY | 0 | 0 | | .00 | .00 | .000 | .00 | | .00 |
| RADIOLOGY | 0 | 0 | | .00 | .00 | .000 | .00 | | .00 |
| ROOM USE | 0 | 0 | | .00 | .00 | .000 | .00 | | .00 |
| CROSSOVERS/ALL OTH OUTPTNT | 0 | 0 | | .00 | .00 | .000 | .00 | | .00 |
| #CALIF DEPT OF HEALTH SERV | MEDI-CAL SERVICES AND EX | PENDITURE | S MONTH-O | F-PAYMENT REPO | ORT FOR JAN 20 | 04 THRU DEC | 2004 | | 1,207 |
| MOP024 | FEE-FOR-SERVICE/DENTAL | | | | | | | 03 | /14/05 |
| BUTTE COUNTY | SUMMARY OF SERVICES FOR | IRCA ALI | ENS | AID COL | DES 51 52 56 5 | | | | |
| | | | | | | | TIT II DITTE O | | |

| | | | | | MONT | HLY AVERAG | E |
|-----------------------------|-------|------------------|--------------|--------------|------------|------------|----------|
| 00 ELIGIBLES | USERS | UNITS OF SERVICE | EXPENDITURES | AVERAGE COST | UNITS/DAYS | COST PER | COST PER |
| | | OR DAYS OF CARE | | PER UNIT/DAY | PER ELIG | USER | ELIGIBLE |
| @COMMUNITY HOSPITAL TOTAL | 0 | 0 \$ | .00 | \$.00 | .000 \$ | .00 | \$.00 |
| COMM HOSP INPATIENT TOTAL | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| HSC HOSPITALS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| NON-HSC HOSPITALS TOTAL | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ACCOMMODATIONS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ADMINISTRATIVE DAYS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| TRANSITIONAL IP CARE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER ACCOM | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ANCILLARIES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| INPATIENT CROSSOVERS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER INPATIENT | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| COMM HOSP OUTPATIENT TOTAL | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| MEDICAL | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| SURGERY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PATHOLOGY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| RADIOLOGY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ROOM USE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| CROSSOVERS/ALL OTH OUTPTNT | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| @STATE HOSPITAL | 0 | 0 \$ | .00 | \$.00 | .000 \$ | .00 | \$.00 |
| MENTALLY ILL | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| DEVELOP. DISABLED | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| @NURSING FACILITY | 0 | 0 \$ | .00 | \$.00 | .000 \$ | .00 | \$.00 |
| LEV A-INTERMEDIATE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| LEV B-REHAB MD | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| LEV B-SUBACUTE FREESTANDING | 0 | 0 | .00 | .00 | .000 | .00 | .00 |

| LEV B-SUBACUTE HSPTL BASED | 0 | 0 | | .00 | .00 | .000 | | .00 | | .00 |
|------------------------------|--------------------------|-----------|--------------|---------------|-----------------|------|--------|-----|------|--------|
| LEV B-TRANSITIONAL IP CARE | 0 | 0 | | .00 | .00 | .000 | | .00 | | .00 |
| LEV B-REGULAR | 0 | 0 | | .00 | .00 | .000 | | .00 | | .00 |
| @INTERMEDIATE CARE FACILDD | 0 | 0 | \$ | .00 \$ | .00 | .000 | \$ | .00 | \$ | .00 |
| ICF DDH | 0 | 0 | | .00 | .00 | .000 | | .00 | | .00 |
| ICF DD | 0 | 0 | | .00 | .00 | .000 | | .00 | | .00 |
| ICF DDN/DDCN | 0 | 0 | | .00 | .00 | .000 | | .00 | | .00 |
| @HEMODIALYSIS TOTAL | 0 | 0 | \$ | .00 \$ | .00 | .000 | \$ | .00 | \$ | .00 |
| HOSPITAL BASED | 0 | 0 | | .00 | .00 | .000 | | .00 | | .00 |
| HEMODIALYSIS CENTER | 0 | 0 | | .00 | .00 | .000 | | .00 | | .00 |
| @REHABILITATION FACILITY | 0 | 0 | \$ | .00 \$ | .00 | .000 | \$ | .00 | \$ | .00 |
| HOSPITAL BASED | 0 | 0 | | .00 | .00 | .000 | | .00 | | .00 |
| INDEPENDENT FACILITY | 0 | 0 | | .00 | .00 | .000 | | .00 | | .00 |
| @LABORATORY FACILITY | 0 | 0 | \$ | .00 \$ | .00 | .000 | \$ | .00 | \$ | .00 |
| PATHOLOGY | 0 | 0 | | .00 | .00 | .000 | | .00 | | .00 |
| XO AND OTHERS | 0 | 0 | | .00 | .00 | .000 | | .00 | | .00 |
| @ORGANIZED OUTPATIENT CLINIC | 0 | 0 | \$ | .00 \$ | .00 | .000 | \$ | .00 | \$ | .00 |
| CLINIC | 0 | 0 | | .00 | .00 | .000 | | .00 | | .00 |
| SURGICENTER | 0 | 0 | | .00 | .00 | .000 | | .00 | | .00 |
| HEROIN DETOX CLINIC | 0 | 0 | | .00 | .00 | .000 | | .00 | | .00 |
| RURAL HEALTH CLINIC | 0 | 0 | | .00 | .00 | .000 | | .00 | | .00 |
| #CALIF DEPT OF HEALTH SERV | MEDI-CAL SERVICES AND EX | KPENDITUF | RES MONTH-OF | -PAYMENT REPO | RT FOR JAN 2004 | THRU | DEC 20 | 04 | PAGE | 1,208 |
| MOP024 | FEE-FOR-SERVICE/DENTAL | | | | | | | | 03 | /14/05 |
| BUTTE COUNTY | SUMMARY OF SERVICES FOR | IRCA AI | LIENS | AID COD | ES 51 52 56 57 | | | | | |

| BUILE COUNTI | SUMMARI OF SER | VICES FOR IRCA ALIE | CIN | AID (| ODE2 21 22 26 | 57 | | |
|--------------------------------|----------------|---------------------|-----|--------------|---------------|------------|------------|----------|
| | | | | | | MONT | THLY AVERA | GE |
| 00 ELIGIBLES | USERS | UNITS OF SERVICE | | EXPENDITURES | AVERAGE COST | UNITS/DAYS | COST PER | COST PER |
| | | OR DAYS OF CARE | | | PER UNIT/DAY | PER ELIG | USER | ELIGIBLE |
| @ALL OTHER PROVIDERS | 0 | 0 \$ | 5 | .00 | \$.00 | .000 \$ | .00 | \$.00 |
| DURABLE MED. EQUIP. | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| BLOOD BANK | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| HEARING AID DISPENSERS | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| MEDICAL TRANSPORTATION | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| AMBULANCES/AIR TRANS | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| OTHER TRANS | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| OTHER SERVICES | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| ACUPUNCTURE | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| ADULT DAY HEALTH CARE CTR | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| GENETIC DISEASE TESTING | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| IHMC, MODEL-NF, NF, AIDS, MSSP | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| OCCUPATIONAL THERAPIST | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| OPTICIAN | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| PHYSICAL THERAPIST | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| PORTABLE X-RAY | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| PROSTHETIST/ORTHOTISTS | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| PROSTHETICS | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| ORTHOTICS | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| PSYCHOLOGIST | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| SPEECH AND AUDIOLOGY | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| HOSPICE SERVICES | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| NONINST BIRTHING CENTERS | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| LOCAL EDUCATION AGENCIES | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| EPSDT SUPPLEMENTAL SERVICE | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| RESPIRATORY CARE PRACT. | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| PED SUBACUTE REHAB/WEANING | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER PROVIDERS | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| @CALIF. CHILDREN SERVICES* | 0 | 0 \$ | 5 | .00 | \$.00 | .000 \$ | .00 | \$.00 |

@XOVER EXCLUDING STATE HOSP** 0 0 \$.00 \$

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 1,209 MOP024 FEE-FOR-SERVICE/DENTAL

03/14/05

BUTTE COUNTY SUMMARY OF SERVICES FOR MI/MN ALIEN WITHOUT SIS AID CODE 55 58 5F

| DOTTE COUNTY | SOMMANT OF SER | VICES FOR MI/MN A | | WIIIIOOI 313 AID (| JODE 33 36 JF | | | |
|----------------------------|-----------------|-------------------|----|--------------------|---------------|------------|----------|-----------|
| | MONTHLY AVERAGE | | | | | | | |
| 1,645 ELIGIBLES | USERS | UNITS OF SERVICE | | EXPENDITURES | AVERAGE COST | UNITS/DAYS | COST PER | COST PER |
| | | OR DAYS OF CARE | | | PER UNIT/DAY | PER ELIG | USER | ELIGIBLE |
| @TOTAL, ALL PROVIDERS | 452 | 2,715 | \$ | 286,436.62 | \$ 105.50 | 1.650 \$ | 633.71 | \$ 174.13 |
| @PHYSICIANS SERVICES | 164 | 438 | \$ | 39 , 100.26 | \$ 89.27 | .266 \$ | 238.42 | \$ 23.77 |
| OUTPATIENT VISITS | 51 | 76 | | 6 , 333.68 | 83.34 | .046 | 124.19 | 3.85 |
| OFFICE VISITS | 13 | 17 | | 1,017.46 | 59.85 | .010 | 78.27 | .62 |
| HOME VISITS | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| EMERGENCY ROOM | 9 | 9 | | 493.27 | 54.81 | .005 | 54.81 | .30 |
| PREVENTIVE CARE | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| OB VISITS/COMPRE PERI | 30 | 47 | | 4,640.11 | 98.73 | .029 | 154.67 | 2.82 |
| OTHER OUTPATIENT | 3 | 3 | | 182.84 | 60.95 | .002 | 60.95 | .11 |
| INPATIENT VISITS | 32 | 87 | | 3,744.57 | 43.04 | .053 | 117.02 | 2.28 |
| HOSPITAL VISITS | 32 | 87 | | 3 , 744.57 | 43.04 | .053 | 117.02 | 2.28 |
| CRITICAL CARE | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| SNF/ICF/TRANS IP CARE | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| OPHTHALMOLOGICAL SERVICES | 1 | 1 | | 37.15 | 37.15 | .001 | 37.15 | .02 |
| EXAMINATIONS | 1 | 1 | | 37.15 | 37.15 | .001 | 37.15 | .02 |
| SERVICES AND MATERIALS | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| INPATIENT HOSPITAL SURGERY | 25 | 65 | | 18,562.06 | 285.57 | .040 | 742.48 | 11.28 |
| PRINCIPAL SURGEON | 20 | 25 | | 17,610.18 | 704.41 | .015 | 880.51 | 10.71 |
| ASSISTANT SURGEON | 2 | 2 | | 253.89 | 126.95 | .001 | 126.95 | .15 |
| ANESTHESIOLOGIST | 5 | 38 | | 697.99 | 18.37 | .023 | 139.60 | .42 |
| OUTPATIENT SURGERY | 8 | 18 | | 2,071.39 | 115.08 | .011 | 258.92 | 1.26 |
| PRINCIPAL SURGEON | 6 | 6 | | 1,758.41 | 293.07 | .004 | 293.07 | 1.07 |
| | | | | | | | | |

| ASSISTANT SURGEON | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
|----------------------------|-------------------------|---------|--------|--------------------|------|-----------|-----------|-----|---------|----|-----------|
| ANESTHESIOLOGIST | 2 | 12 | | 312.98 | | 26.08 | .007 | | 156.49 | | .19 |
| DIALYSIS | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| PATHOLOGY | 11 | 12 | | 416.47 | | 34.71 | .007 | | 37.86 | | .25 |
| RADIOLOGY | 82 | 157 | | 5,563.65 | | 35.44 | .095 | | 67.85 | | 3.38 |
| PSYCHIATRY | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| IMMUNIZATION AND INJECTION | 1 | 8 | | 1,908.28 | | 238.54 | .005 | | 1908.28 | | 1.16 |
| OTHER SERVICES/ALL X-OVERS | 10 | 14 | | 463.01 | | 33.07 | .009 | | 46.30 | | .28 |
| @PHARMACY | 205 | 596 | \$ | 36,910.38 | \$ | 61.93 | .362 | \$ | 180.05 | \$ | 22.44 |
| PRESCRIPTION DRUGS | 203 | 564 | | 34,939.10 | | 61.95 | .343 | | 172.11 | | 21.24 |
| SNF/ICF | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| OUTPATIENTS | 203 | 564 | | 34,939.10 | | 61.95 | .343 | | 172.11 | | 21.24 |
| MEDICAL SUPPLIES | 12 | 32 | | 1,971.28 | | 61.60 | .019 | | 164.27 | | 1.20 |
| @DENTIST | 4 | 11 | \$ | 618.00 | \$ | 56.18 | .007 | \$ | 154.50 | \$ | .38 |
| VISITS - DIAGNOSTIC | 3 | 6 | | 78.00 | | 13.00 | .004 | | 26.00 | | .05 |
| ORAL SURGERY | 3 | 5 | | 540.00 | | 108.00 | .003 | | 180.00 | | .33 |
| DRUGS | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| ANESTHESIA | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| PERIODONTICS | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| ENDODONTICS | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| RESTORATIVE DENTISTRY | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| PROSTHETICS | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| DENTURES, STAYPLATES | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| SPACE MAINTAINERS | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| MAXILLOFACIAL SERVICES | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| FRACTURES, DISLOCATIONS | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| ORTHODONTIC SERVICES | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| ALL OTHER SERVICES | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| #CALIF DEPT OF HEALTH SERV | MEDI-CAL SERVICES AND E | XPENDIT | URES M | ONTH-OF-PAYMENT RE | EPOR | T FOR JAN | 2004 THRU | DEC | 2004 | PA | AGE 1,210 |
| MOP024 | FEE-FOR-SERVICE/DENTAL | | | | | | | | | | 03/14/05 |
| BUTTE COUNTY | SUMMARY OF SERVICES FOR | MI/MN | ALIEN | WITHOUT SIS AID (| CODE | 55 58 5F | | | | | |
| | | | | | | | | | | | |

| BOTTE COONTT | DOIMING OF DER | WICED TON | 111/1111 1 | | WIIIIOOI DID MID | СОВЫ | 33 30 31 | M | ТИС | HLY AVERA | GE. | |
|------------------------------|----------------|-----------|------------|----|------------------|------|------------|----------|-----|-----------|-----|----------|
| 1,645 ELIGIBLES | USERS | UNITS OF | SERVICE | 1 | EXPENDITURES | ΑVI | ERAGE COST | | | COST PER | .0_ | COST PER |
| 1,010 22101222 | 002110 | OR DAYS | | | | | R UNIT/DAY | PER ELIG | | USER | | ELIGIBLE |
| @OPTOMETRIST | 0 | | 0 | \$ | .00 | \$ | .00 | .000 | \$ | .00 | \$ | .00 |
| DIAGNOSTIC AND ANC. PROCED | 0 | | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| EYE APPLIANCES | 0 | | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| OTHER OPTOMETRIC SERVICES | 0 | | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| @CHIROPRACTOR | 0 | | 0 | \$ | .00 | \$ | .00 | .000 | \$ | .00 | \$ | .00 |
| VISITS | 0 | | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| OTHER SERVICES | 0 | | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| @PODIATRIST | 1 | | 1 | \$ | 31.99 | \$ | 31.99 | .001 | \$ | 31.99 | \$ | .02 |
| MEDICINE/INJECTIONS | 1 | | 1 | | 31.99 | | 31.99 | .001 | | 31.99 | | .02 |
| SURGERY/ANES. | 0 | | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| RADIO./PATHOLOGY | 0 | | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| OTHER | 0 | | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| @HOME HEALTH AGENCY | 5 | | 6 | \$ | 314.97 | \$ | 52.50 | | \$ | 62.99 | \$ | .19 |
| NURSE ANESTHESIST | 2 | | 15 | \$ | 263.44 | \$ | 17.56 | .009 | \$ | 131.72 | \$ | .16 |
| NURSE MIDWIFE | 50 | | 391 | \$ | 9,198.97 | \$ | 23.53 | .238 | \$ | 183.98 | \$ | 5.59 |
| PEDIATRIC NURSE PRACTITIONER | 0 | | 0 | \$ | .00 | \$ | .00 | .000 | \$ | .00 | \$ | .00 |
| FAMILY NURSE PRACTITIONER | 0 | | 0 | \$ | .00 | \$ | .00 | .000 | \$ | .00 | \$ | .00 |
| @TOTAL HOSPITAL | 197 | | 872 | \$ | 184,899.07 | \$ | 212.04 | .530 | \$ | 938.57 | \$ | 112.40 |
| HOSP INPATIENT TOTAL | 32 | | 131 | | 163,872.96 | | 1250.94 | .080 | | 5121.03 | | 99.62 |
| HSC HOSPITALS | 4 | | 5 | | 5,639.03 | | 1127.81 | .003 | | 1409.76 | | 3.43 |
| NON-HSC HOSPITAL TOTAL | 28 | | 126 | | 158,233.93 | | 1255.82 | .077 | | 5651.21 | | 96.19 |
| ACCOMMODATIONS | 28 | | 126 | | 63,806.68 | | 506.40 | .077 | | 2278.81 | | 38.79 |

| ADMINISTRATIVE DAYS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
|--|---|---|--|--|---|---|--|
| TRANSITIONAL IP CARE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER ACCOM | 28 | 126 | 63,806.68 | 506.40 | .077 | 2278.81 | 38.79 |
| ANCILLARIES | 28 | 0 | 94,427.25 | .00 | .000 | 3372.40 | 57.40 |
| INPATIENT CROSSOVERS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| | 0 | 0 | .00 | | | | .00 |
| ALL OTHER INPATIENT | · · · · · · · · · · · · · · · · · · · | | | .00 | .000 | .00 | |
| HOSP OUTPATIENT TOTAL | 179 | 741 | 21,026.11 | 28.38 | .450 | 117.46 | 12.78 |
| MEDICAL | 61 | 109 | 5 , 375.91 | 49.32 | .066 | 88.13 | 3.27 |
| SURGERY | 9 | 11 | 691.61 | 62.87 | .007 | 76.85 | .42 |
| PATHOLOGY | 92 | 320 | 4,664.97 | 14.58 | .195 | 50.71 | 2.84 |
| RADIOLOGY | 56 | 81 | 4,801.74 | 59.28 | .049 | 85.75 | 2.92 |
| ROOM USE | 71 | 105 | 4,016.53 | 38.25 | .064 | 56.57 | 2.44 |
| CROSSOVERS/ALL OTH OUTPINT | 48 | 115 | 1,475.35 | 12.83 | .070 | 30.74 | .90 |
| @COUNTY HOSPITAL TOTAL | 0 | 0 \$ | .00 | \$.00 | .000 \$ | .00 | \$.00 |
| CO HOSPITAL INPATIENT TOTAL | · · · · · · · · · · · · · · · · · · · | 0 | .00 | .00 | .000 | .00 | .00 |
| HSC HOSPITALS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| NON-HSC HOSPITALS TOTAL | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| | 0 | 0 | .00 | | | .00 | |
| ACCOMMODATIONS | 0 | 0 | | .00 | .000 | | .00 |
| ADMINISTRATIVE DAYS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| TRANSITIONAL IP CARE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER ACCOM | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ANCILLARIES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| INPATIENT CROSSOVERS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER INPATIENT | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| CO HOSP OUTPATIENT TOTAL | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| MEDICAL | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| SURGERY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PATHOLOGY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| RADIOLOGY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| | 0 | 0 | .00 | .00 | .000 | | .00 |
| ROOM USE | 0 | • | | | | .00 | |
| CROSSOVERS/ALL OTH OUTPTNT | | 0 | .00 | .00 | .000 | .00 | .00 |
| #CALIF DEPT OF HEALTH SERV | | ES AND EXPENDITURES MON | NTH-OF-PAYMENT RI | EPORT FOR JAN 2 | 2004 THRU DEC | 2004 | PAGE 1,211 |
| MOP024 | FEE-FOR-SERVICE | | | | | | 03/14/05 |
| BUTTE COUNTY | SUMMARY OF SERV | ICES FOR MI/MN ALIEN V | WITHOUT SIS AID (| CODE 55 58 5F | | | |
| | | | | | MON' | | CF |
| 1,645 ELIGIBLES | | | | | | | |
| | USERS | UNITS OF SERVICE | EXPENDITURES | AVERAGE COST | UNITS/DAYS | COST PER | COST PER |
| | | UNITS OF SERVICE OR DAYS OF CARE | | PER UNIT/DAY | UNITS/DAYS PER ELIG | COST PER USER | COST PER ELIGIBLE |
| @COMMUNITY HOSPITAL TOTAL | USERS 197 | | 184,899.07 | PER UNIT/DAY \$ 212.04 | UNITS/DAYS | COST PER USER | COST PER ELIGIBLE |
| @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL | | OR DAYS OF CARE | | PER UNIT/DAY | UNITS/DAYS PER ELIG | COST PER USER | COST PER ELIGIBLE |
| - | 197 | OR DAYS OF CARE 872 \$ | 184,899.07 163,872.96 | PER UNIT/DAY \$ 212.04 | UNITS/DAYS PER ELIG .530 \$ | COST PER USER 938.57 | COST PER ELIGIBLE \$ 112.40 |
| COMM HOSP INPATIENT TOTAL HSC HOSPITALS | 197 32 | OR DAYS OF CARE 872 \$ 131 5 | 184,899.07 163,872.96 5,639.03 | PER UNIT/DAY \$ 212.04 1250.94 1127.81 | UNITS/DAYS PER ELIG .530 \$.080 .003 | COST PER USER 938.57 5121.03 1409.76 | COST PER ELIGIBLE \$ 112.40 99.62 3.43 |
| COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL | 197 32 4 28 | OR DAYS OF CARE 872 \$ 131 5 126 | 184,899.07 163,872.96 5,639.03 158,233.93 | PER UNIT/DAY \$ 212.04 1250.94 1127.81 1255.82 | UNITS/DAYS PER ELIG .530 \$.080 .003 .077 | COST PER USER 938.57 5121.03 1409.76 5651.21 | COST PER ELIGIBLE \$ 112.40 99.62 3.43 96.19 |
| COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS | 197 32 4 28 28 | OR DAYS OF CARE 872 \$ 131 5 126 126 | 184,899.07 163,872.96 5,639.03 158,233.93 63,806.68 | PER UNIT/DAY \$ 212.04 1250.94 1127.81 1255.82 506.40 | UNITS/DAYS PER ELIG .530 \$.080 .003 .077 .077 | COST PER USER 938.57 5121.03 1409.76 5651.21 2278.81 | COST PER ELIGIBLE \$ 112.40 99.62 3.43 96.19 38.79 |
| COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS | 197 32 4 28 28 | OR DAYS OF CARE 872 \$ 131 5 126 126 0 | 184,899.07 163,872.96 5,639.03 158,233.93 63,806.68 | PER UNIT/DAY \$ 212.04 1250.94 1127.81 1255.82 506.40 .00 | UNITS/DAYS PER ELIG .530 \$.080 .003 .077 .077 .000 | COST PER USER 938.57 5121.03 1409.76 5651.21 2278.81 .00 | COST PER ELIGIBLE \$ 112.40 99.62 3.43 96.19 38.79 .00 |
| COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE | 197 32 4 28 28 0 | OR DAYS OF CARE 872 \$ 131 5 126 126 0 0 | 184,899.07 163,872.96 5,639.03 158,233.93 63,806.68 .00 | PER UNIT/DAY \$ 212.04 1250.94 1127.81 1255.82 506.40 .00 | UNITS/DAYS PER ELIG .530 \$.080 .003 .077 .077 .000 .000 | COST PER USER 938.57 5121.03 1409.76 5651.21 2278.81 .00 .00 | COST PER ELIGIBLE \$ 112.40 99.62 3.43 96.19 38.79 .00 .00 |
| COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM | 197 32 4 28 28 0 0 | OR DAYS OF CARE 872 \$ 131 5 126 126 0 0 126 | 184,899.07 163,872.96 5,639.03 158,233.93 63,806.68 .00 .00 63,806.68 | PER UNIT/DAY \$ 212.04 1250.94 1127.81 1255.82 506.40 .00 .00 506.40 | UNITS/DAYS PER ELIG .530 \$.080 .003 .077 .077 .007 .000 .000 | COST PER USER 938.57 5121.03 1409.76 5651.21 2278.81 .00 .00 2278.81 | COST PER ELIGIBLE \$ 112.40 99.62 3.43 96.19 38.79 .00 .00 38.79 |
| COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES | 197 32 4 28 28 0 0 28 28 | OR DAYS OF CARE 872 \$ 131 5 126 126 0 0 126 0 | 184,899.07 163,872.96 5,639.03 158,233.93 63,806.68 .00 .00 63,806.68 94,427.25 | PER UNIT/DAY \$ 212.04 1250.94 1127.81 1255.82 506.40 .00 .00 506.40 .00 | UNITS/DAYS PER ELIG .530 \$.080 .003 .077 .077 .000 .000 .077 | COST PER USER 938.57 5121.03 1409.76 5651.21 2278.81 .00 .00 2278.81 3372.40 | COST PER ELIGIBLE \$ 112.40 99.62 3.43 96.19 38.79 .00 .00 38.79 57.40 |
| COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS | 197 32 4 28 28 0 0 28 28 | OR DAYS OF CARE 872 \$ 131 5 126 126 0 0 126 0 | 184,899.07 163,872.96 5,639.03 158,233.93 63,806.68 .00 .00 63,806.68 94,427.25 | PER UNIT/DAY \$ 212.04 1250.94 1127.81 1255.82 506.40 .00 .00 506.40 .00 | UNITS/DAYS PER ELIG .530 \$.080 .003 .077 .077 .000 .000 .0077 .000 | COST PER USER 938.57 5121.03 1409.76 5651.21 2278.81 .00 .00 2278.81 3372.40 .00 | COST PER ELIGIBLE \$ 112.40 99.62 3.43 96.19 38.79 .00 .00 38.79 57.40 .00 |
| COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT | 197 32 4 28 28 0 0 28 28 28 | OR DAYS OF CARE 872 \$ 131 5 126 126 0 0 126 0 0 126 0 | 184,899.07 163,872.96 5,639.03 158,233.93 63,806.68 .00 .00 63,806.68 94,427.25 .00 | PER UNIT/DAY \$ 212.04 1250.94 1127.81 1255.82 506.40 .00 .00 506.40 .00 .00 | UNITS/DAYS PER ELIG .530 \$.080 .003 .077 .077 .000 .000 .0077 .000 | COST PER USER 938.57 5121.03 1409.76 5651.21 2278.81 .00 .00 2278.81 3372.40 .00 .00 | COST PER ELIGIBLE \$ 112.40 99.62 3.43 96.19 38.79 .00 .00 38.79 57.40 .00 .00 |
| COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL | 197 32 4 28 28 0 0 28 28 0 0 | OR DAYS OF CARE 872 \$ 131 5 126 126 0 0 126 0 0 741 | 184,899.07 163,872.96 5,639.03 158,233.93 63,806.68 .00 .00 63,806.68 94,427.25 .00 .00 21,026.11 | PER UNIT/DAY \$ 212.04 1250.94 1127.81 1255.82 506.40 .00 .00 506.40 .00 .00 .00 .00 | UNITS/DAYS PER ELIG .530 \$.080 .003 .077 .077 .000 .000 .077 .000 .000 | COST PER USER 938.57 5121.03 1409.76 5651.21 2278.81 .00 .00 2278.81 3372.40 .00 .00 117.46 | COST PER ELIGIBLE \$ 112.40 99.62 3.43 96.19 38.79 .00 .00 38.79 57.40 .00 .00 |
| COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT | 197 32 4 28 28 0 0 0 28 28 0 0 179 61 | OR DAYS OF CARE 872 \$ 131 5 126 126 0 0 126 0 0 126 0 | 184,899.07 163,872.96 5,639.03 158,233.93 63,806.68 .00 .00 63,806.68 94,427.25 .00 .00 21,026.11 5,375.91 | PER UNIT/DAY \$ 212.04 1250.94 1127.81 1255.82 506.40 .00 .00 506.40 .00 .00 .00 28.38 49.32 | UNITS/DAYS PER ELIG .530 \$.080 .003 .077 .077 .000 .000 .077 .000 .000 | COST PER USER 938.57 5121.03 1409.76 5651.21 2278.81 .00 .00 2278.81 3372.40 .00 .00 117.46 88.13 | COST PER ELIGIBLE \$ 112.40 99.62 3.43 96.19 38.79 .00 .00 38.79 57.40 .00 .00 12.78 3.27 |
| COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL | 197 32 4 28 28 0 0 28 28 0 0 179 61 | OR DAYS OF CARE 872 \$ 131 5 126 126 0 0 126 0 0 741 | 184,899.07 163,872.96 5,639.03 158,233.93 63,806.68 .00 .00 63,806.68 94,427.25 .00 .00 21,026.11 5,375.91 691.61 | PER UNIT/DAY \$ 212.04 1250.94 1127.81 1255.82 506.40 .00 .00 506.40 .00 .00 .00 .00 | UNITS/DAYS PER ELIG .530 \$.080 .003 .077 .077 .000 .000 .077 .000 .000 | COST PER USER 938.57 5121.03 1409.76 5651.21 2278.81 .00 .00 2278.81 3372.40 .00 .00 117.46 | COST PER ELIGIBLE \$ 112.40 99.62 3.43 96.19 38.79 .00 .00 38.79 57.40 .00 .00 |
| COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL | 197 32 4 28 28 0 0 0 28 28 0 0 179 61 | OR DAYS OF CARE 872 \$ 131 5 126 126 0 0 126 0 741 109 | 184,899.07 163,872.96 5,639.03 158,233.93 63,806.68 .00 .00 63,806.68 94,427.25 .00 .00 21,026.11 5,375.91 | PER UNIT/DAY \$ 212.04 1250.94 1127.81 1255.82 506.40 .00 .00 506.40 .00 .00 .00 28.38 49.32 | UNITS/DAYS PER ELIG .530 \$.080 .003 .077 .077 .000 .000 .077 .000 .000 | COST PER USER 938.57 5121.03 1409.76 5651.21 2278.81 .00 .00 2278.81 3372.40 .00 .00 117.46 88.13 | COST PER ELIGIBLE \$ 112.40 99.62 3.43 96.19 38.79 .00 .00 38.79 57.40 .00 .00 12.78 3.27 |
| COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY | 197 32 4 28 28 0 0 28 28 0 0 179 61 | OR DAYS OF CARE 872 \$ 131 5 126 126 0 0 126 0 741 109 | 184,899.07 163,872.96 5,639.03 158,233.93 63,806.68 .00 .00 63,806.68 94,427.25 .00 .00 21,026.11 5,375.91 691.61 | PER UNIT/DAY \$ 212.04 1250.94 1127.81 1255.82 506.40 .00 .00 506.40 .00 .00 .00 28.38 49.32 62.87 | UNITS/DAYS PER ELIG .530 \$.080 .003 .077 .077 .000 .000 .000 .077 .000 .000 .000 .000 .000 .000 | COST PER USER 938.57 5121.03 1409.76 5651.21 2278.81 .00 .00 2278.81 3372.40 .00 .00 117.46 88.13 76.85 | COST PER ELIGIBLE \$ 112.40 99.62 3.43 96.19 38.79 .00 .00 38.79 57.40 .00 .00 .12.78 3.27 .42 |
| COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY | 197 32 4 28 28 0 0 28 28 0 0 0 179 61 9 | OR DAYS OF CARE 872 \$ 131 5 126 126 0 0 126 0 741 109 11 320 | 184,899.07 163,872.96 5,639.03 158,233.93 63,806.68 .00 .00 63,806.68 94,427.25 .00 .00 21,026.11 5,375.91 691.61 4,664.97 | PER UNIT/DAY \$ 212.04 1250.94 1127.81 1255.82 506.40 .00 .00 506.40 .00 .00 28.38 49.32 62.87 14.58 | UNITS/DAYS PER ELIG .530 \$.080 .003 .077 .077 .000 .000 .077 .000 .000 | COST PER USER 938.57 5121.03 1409.76 5651.21 2278.81 .00 .00 2278.81 3372.40 .00 .00 117.46 88.13 76.85 50.71 | COST PER ELIGIBLE \$ 112.40 99.62 3.43 96.19 38.79 .00 .00 38.79 57.40 .00 .00 12.78 3.27 .42 2.84 |
| COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE | 197 32 4 28 28 0 0 28 28 0 0 179 61 9 92 56 71 | OR DAYS OF CARE 872 \$ 131 5 126 126 0 0 126 0 741 109 11 320 81 105 | 184,899.07 163,872.96 5,639.03 158,233.93 63,806.68 .00 .00 63,806.68 94,427.25 .00 .00 21,026.11 5,375.91 691.61 4,664.97 4,801.74 4,016.53 | PER UNIT/DAY \$ 212.04 1250.94 1127.81 1255.82 506.40 .00 .00 506.40 .00 .00 28.38 49.32 62.87 14.58 59.28 38.25 | UNITS/DAYS PER ELIG .530 \$.080 .003 .077 .077 .000 .000 .077 .000 .000 | COST PER USER 938.57 5121.03 1409.76 5651.21 2278.81 .00 .00 2278.81 3372.40 .00 .00 117.46 88.13 76.85 50.71 85.75 56.57 | COST PER ELIGIBLE \$ 112.40 99.62 3.43 96.19 38.79 .00 .00 38.79 57.40 .00 .00 12.78 3.27 .42 2.84 2.92 2.44 |
| COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY | 197 32 4 28 28 0 0 28 28 0 179 61 9 92 56 | OR DAYS OF CARE 872 \$ 131 5 126 126 0 0 126 0 741 109 11 320 81 | 184,899.07 163,872.96 5,639.03 158,233.93 63,806.68 .00 .00 63,806.68 94,427.25 .00 .00 21,026.11 5,375.91 691.61 4,664.97 4,801.74 | PER UNIT/DAY \$ 212.04 1250.94 1127.81 1255.82 506.40 .00 .00 506.40 .00 .00 28.38 49.32 62.87 14.58 59.28 | UNITS/DAYS PER ELIG .530 \$.080 .003 .077 .077 .000 .000 .077 .000 .000 | COST PER USER 938.57 5121.03 1409.76 5651.21 2278.81 .00 .00 2278.81 3372.40 .00 .00 117.46 88.13 76.85 50.71 85.75 | COST PER ELIGIBLE \$ 112.40 99.62 3.43 96.19 38.79 .00 .00 38.79 57.40 .00 .00 12.78 3.27 .42 2.84 2.92 2.44 .90 |

| MENTALLY ILL | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
|--------------------------------|------------------|-----------------|-------|--------------------|--------|------------|------|-----|-----------|-----|-----------|
| DEVELOP. DISABLED | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| @NURSING FACILITY | 0 | 0 | \$ | .00 | \$ | .00 | .000 | \$ | .00 | \$ | .00 |
| LEV A-INTERMEDIATE | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| LEV B-REHAB MD | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| LEV B-SUBACUTE FREESTANDING | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| LEV B-SUBACUTE HSPTL BASED | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| LEV B-TRANSITIONAL IP CARE | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| LEV B-REGULAR | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| @INTERMEDIATE CARE FACILDD | 0 | 0 | \$ | .00 | \$ | .00 | .000 | \$ | .00 | \$ | .00 |
| ICF DDH | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| ICF DD | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| ICF DDN/DDCN | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| @HEMODIALYSIS TOTAL | 0 | 0 | \$ | .00 | \$ | .00 | .000 | \$ | .00 | \$ | .00 |
| HOSPITAL BASED | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| HEMODIALYSIS CENTER | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| @REHABILITATION FACILITY | 0 | 0 | \$ | .00 | \$ | .00 | .000 | \$ | .00 | \$ | .00 |
| HOSPITAL BASED | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| INDEPENDENT FACILITY | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| @LABORATORY FACILITY | 60 | 161 | \$ | 2,754.81 | \$ | 17.11 | .098 | \$ | 45.91 | \$ | 1.67 |
| PATHOLOGY | 60 | 161 | | 2,754.81 | | 17.11 | .098 | | 45.91 | | 1.67 |
| XO AND OTHERS | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| @ORGANIZED OUTPATIENT CLINIC | 64 | 126 | \$ | 10,472.28 | \$ | 83.11 | .077 | \$ | 163.63 | \$ | 6.37 |
| CLINIC | 9 | 54 | | 1,819.39 | | 33.69 | .033 | | 202.15 | | 1.11 |
| SURGICENTER | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| HEROIN DETOX CLINIC | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| RURAL HEALTH CLINIC | 55 | 72 | | 8,652.89 | | 120.18 | .044 | | 157.33 | | 5.26 |
| #CALIF DEPT OF HEALTH SERV | MEDI-CAL SERVICE | | RES N | MONTH-OF-PAYMENT F | REPOR' | | | DEC | 2004 | Р | AGE 1,212 |
| MOP024 | FEE-FOR-SERVICE | /DENTAL | _ | | | | | | | | 03/14/05 |
| BUTTE COUNTY | | | ALIEN | N WITHOUT SIS AID | CODE | 55 58 5F | | | | | |
| | | | | | | | MC | DNT | HLY AVERA | .GE | |
| 1,645 ELIGIBLES | USERS | UNITS OF SERVIC | E | EXPENDITURES | AVI | ERAGE COST | | | COST PER | | COST PER |
| _, | | OR DAYS OF CAR | | | | R UNIT/DAY | | | USER | | ELIGIBLE |
| @ALL OTHER PROVIDERS | 15 | 98 | \$ | 1,872.45 | \$ | 19.11 | .060 | \$ | 124.83 | \$ | 1.14 |
| DURABLE MED. EQUIP. | 1 | 1 | | 45.48 | · | 45.48 | .001 | • | 45.48 | · | .03 |
| BLOOD BANK | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| HEARING AID DISPENSERS | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| MEDICAL TRANSPORTATION | 10 | 92 | | 1,301.97 | | 14.15 | .056 | | 130.20 | | .79 |
| AMBULANCES/AIR TRANS | 10 | 92 | | 1,301.97 | | 14.15 | .056 | | 130.20 | | .79 |
| OTHER TRANS | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| OTHER SERVICES | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| ACUPUNCTURE | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| ADULT DAY HEALTH CARE CTR | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| GENETIC DISEASE TESTING | 5 | 5 | | 525.00 | | 105.00 | .003 | | 105.00 | | .32 |
| IHMC, MODEL-NF, NF, AIDS, MSSP | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| OCCUPATIONAL THERAPIST | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| OPTICIAN | 0 | n | | .00 | | .00 | .000 | | .00 | | .00 |
| PHYSICAL THERAPIST | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| PORTABLE X-RAY | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| | | | | | | | | | | | |

0

0

0

.00

.00

.00

.00

.00

.00

.00

.00

.00

.00

.00

.00

.00

.00

.000

.000

.000

.000

.000

.000

.000

.00

.00

.00

.00

.00

.00

.00

.00

.00

.00

.00

.00

.00

.00

PROSTHETIST/ORTHOTISTS

SPEECH AND AUDIOLOGY

NONINST BIRTHING CENTERS

PROSTHETICS

HOSPICE SERVICES

ORTHOTICS

PSYCHOLOGIST

0

0

0

0

0

0

0

| LOCAL EDUCATION AGENCIES | 0 | 0 | .00 | .00 | .000 | | .00 | .00 |
|-------------------------------|---|---|--------------|-------------|------|-------|-----|-----------|
| EPSDT SUPPLEMENTAL SERVICE | 0 | 0 | .00 | .00 | .000 | | .00 | .00 |
| RESPIRATORY CARE PRACT. | 0 | 0 | .00 | .00 | .000 | | .00 | .00 |
| PED SUBACUTE REHAB/WEANING | 0 | 0 | .00 | .00 | .000 | | .00 | .00 |
| ALL OTHER PROVIDERS | 0 | 0 | .00 | .00 | .000 | | .00 | .00 |
| @CALIF. CHILDREN SERVICES* | 6 | 7 | \$ 577.45 | \$ 82.49 | .004 | \$ 96 | .24 | \$.35 |
| @XOVER EXCLUDING STATE HOSP** | 0 | 0 | \$.00 | \$.00 | .000 | \$ | .00 | \$.00 |

^{0*} Totals in these lines are given as a separate information item only;

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 1,213
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
BUTTE COUNTY SUMMARY OF SERVICES FOR REFUGEES ALD CODES 01 02 08 08

| BUTTE COUNTY | SUMMARY OF SER | VICES FOR REFUGEES | AID C | CODES 01 02 08 | 0A | | | |
|----------------------------|----------------|--------------------|--------------|----------------|----------|---------|-----|----------|
| | | | | | MON | | .GE | |
| 175 ELIGIBLES | USERS | UNITS OF SERVICE | EXPENDITURES | AVERAGE COST | | | | COST PER |
| | | OR DAYS OF CARE | | PER UNIT/DAY | | USER | | ELIGIBLE |
| @TOTAL, ALL PROVIDERS | 94 | * * - | \$ / | \$ 348.66 | | 3197.27 | | |
| @PHYSICIANS SERVICES | 33 | | \$ • | \$ 38.43 | 1.926 \$ | | \$ | 74.01 |
| OUTPATIENT VISITS | 10 | 13 | 669.40 | 51.49 | .074 | 66.94 | | 3.83 |
| OFFICE VISITS | 9 | 12 | 624.80 | 52.07 | .069 | 69.42 | | 3.57 |
| HOME VISITS | 0 | 0 | .00 | .00 | .000 | .00 | | .00 |
| EMERGENCY ROOM | 1 | 1 | 44.60 | 44.60 | .006 | 44.60 | | .25 |
| PREVENTIVE CARE | 0 | 0 | .00 | .00 | .000 | .00 | | .00 |
| OB VISITS/COMPRE PERI | 0 | 0 | .00 | .00 | .000 | .00 | | .00 |
| OTHER OUTPATIENT | 0 | 0 | .00 | .00 | .000 | .00 | | .00 |
| INPATIENT VISITS | 9 | 115 | 4,968.66 | 43.21 | .657 | 552.07 | | 28.39 |
| HOSPITAL VISITS | 9 | 111 | 4,482.26 | 40.38 | .634 | 498.03 | | 25.61 |
| CRITICAL CARE | 3 | 4 | 486.40 | 121.60 | .023 | 162.13 | | 2.78 |
| SNF/ICF/TRANS IP CARE | 0 | 0 | .00 | .00 | .000 | .00 | | .00 |
| OPHTHALMOLOGICAL SERVICES | 1 | 1 | 49.78 | 49.78 | .006 | 49.78 | | .28 |
| EXAMINATIONS | 1 | 1 | 49.78 | 49.78 | .006 | 49.78 | | .28 |
| SERVICES AND MATERIALS | 0 | 0 | .00 | .00 | .000 | .00 | | .00 |
| INPATIENT HOSPITAL SURGERY | 9 | 57 | 2,921.38 | 51.25 | .326 | 324.60 | | 16.69 |
| PRINCIPAL SURGEON | 7 | 10 | 2,298.02 | 229.80 | .057 | 328.29 | | 13.13 |
| ASSISTANT SURGEON | 1 | 1 | 80.04 | 80.04 | .006 | 80.04 | | .46 |
| ANESTHESIOLOGIST | 2 | 46 | 543.32 | 11.81 | .263 | 271.66 | | 3.10 |
| OUTPATIENT SURGERY | 4 | 8 | 1,223.80 | 152.98 | .046 | 305.95 | | 6.99 |
| PRINCIPAL SURGEON | 4 | 7 | 1,130.72 | 161.53 | .040 | 282.68 | | 6.46 |
| ASSISTANT SURGEON | 1 | 1 | 93.08 | 93.08 | .006 | 93.08 | | .53 |
| ANESTHESIOLOGIST | 0 | 0 | .00 | .00 | .000 | .00 | | .00 |
| DIALYSIS | 0 | 0 | .00 | .00 | .000 | .00 | | .00 |
| PATHOLOGY | 3 | 15 | 662.66 | 44.18 | .086 | 220.89 | | 3.79 |
| RADIOLOGY | 15 | 97 | 1,369.12 | 14.11 | .554 | 91.27 | | 7.82 |
| PSYCHIATRY | 0 | 0 | .00 | .00 | .000 | .00 | | .00 |
| IMMUNIZATION AND INJECTION | 0 | 0 | .00 | .00 | .000 | .00 | | .00 |
| OTHER SERVICES/ALL X-OVERS | 9 | 31 | 1,086.92 | 35.06 | .177 | 120.77 | | 6.21 |
| @PHARMACY | 34 | 120 | \$ | \$ 48.46 | .686 | | \$ | 33.23 |
| PRESCRIPTION DRUGS | 34 | 120 | 5,814.98 | 48.46 | .686 | 171.03 | | 33.23 |
| SNF/ICF | 0 | 0 | .00 | .00 | .000 | .00 | | .00 |
| OUTPATIENTS | 34 | 120 | 5,814.98 | 48.46 | .686 | 171.03 | | 33.23 |
| MEDICAL SUPPLIES | 0 | 0 | .00 | .00 | .000 | .00 | | .00 |
| @DENTIST | 5 | | \$ 860.00 | \$ 39.09 | .126 | | \$ | 4.91 |
| VISITS - DIAGNOSTIC | 3 | 14 | 260.00 | 18.57 | .080 | 86.67 | | 1.49 |
| ORAL SURGERY | 1 | 1 | 45.00 | 45.00 | .006 | 45.00 | | .26 |
| DRUGS | 0 | 0 | .00 | .00 | .000 | .00 | | .00 |
| ANESTHESIA | 0 | 0 | .00 | .00 | .000 | .00 | | .00 |
| | | | | | | | | |

| PERIODONTICS | 0 | | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
|------------------------------|--------------------|---------|---------|-------|--------------------|--------|-----------|-----------|-----|-----------|----|-----------|
| ENDODONTICS | 1 | | 1 | | 260.00 | | 260.00 | .006 | | 260.00 | | 1.49 |
| RESTORATIVE DENTISTRY | 3 | | 6 | | 295.00 | | 49.17 | .034 | | 98.33 | | 1.69 |
| PROSTHETICS | 0 | | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| DENTURES, STAYPLATES | 0 | | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| SPACE MAINTAINERS | 0 | | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| MAXILLOFACIAL SERVICES | 0 | | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| FRACTURES, DISLOCATIONS | 0 | | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| ORTHODONTIC SERVICES | 0 | | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| ALL OTHER SERVICES | 0 | | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| #CALIF DEPT OF HEALTH SERV | MEDI-CAL SERVICES | AND EXP | ENDITUE | RES N | MONTH-OF-PAYMENT R | REPORT | FOR JAN 2 | 2004 THRU | DEC | 2004 | Р | AGE 1,214 |
| MOP024 | FEE-FOR-SERVICE/DI | ENTAL | | | | | | | | | | 03/14/05 |
| BUTTE COUNTY | SUMMARY OF SERVICE | ES FOR | REFUGEE | ES | AID | CODES | 01 02 08 | 0A | | | | |
| | | | | | | | | M | ONT | HLY AVERA | GE | |
| 175 ELIGIBLES | USERS UI | NITS OF | SERVICE | Ξ | EXPENDITURES | AVE | RAGE COST | UNITS/DAY | S | COST PER | | COST PER |
| | (| OR DAYS | OF CARE | € | | PER | UNIT/DAY | PER ELIG | | USER | | ELIGIBLE |
| @OPTOMETRIST | 1 | | 2 | \$ | 47.45 | \$ | 23.73 | .011 | \$ | 47.45 | \$ | .27 |
| DIAGNOSTIC AND ANC. PROCED | 1 | | 2 | | 47.45 | | 23.73 | .011 | | 47.45 | | .27 |
| EYE APPLIANCES | 0 | | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| OTHER OPTOMETRIC SERVICES | 0 | | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| @CHIROPRACTOR | 0 | | 0 | \$ | .00 | \$ | .00 | .000 | \$ | .00 | \$ | .00 |
| VISITS | 0 | | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| OTHER SERVICES | 0 | | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| @PODIATRIST | 0 | | 0 | \$ | .00 | \$ | .00 | .000 | \$ | .00 | \$ | .00 |
| MEDICINE/INJECTIONS | 0 | | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| SURGERY/ANES. | 0 | | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| RADIO./PATHOLOGY | 0 | | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| OTHER | 0 | | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| @HOME HEALTH AGENCY | 5 | | 7 | \$ | 426.81 | \$ | 60.97 | .040 | \$ | 85.36 | \$ | 2.44 |
| NURSE ANESTHESIST | 1 | | 11 | \$ | 131.97 | \$ | 12.00 | .063 | \$ | 131.97 | \$ | .75 |
| NURSE MIDWIFE | 0 | | 0 | \$ | .00 | \$ | .00 | .000 | \$ | .00 | \$ | .00 |
| PEDIATRIC NURSE PRACTITIONER | . 0 | | 0 | \$ | .00 | \$ | .00 | .000 | \$ | .00 | \$ | .00 |
| | | | | | | | | | | | | |

| | 0 | 0 | Ċ | 0.0 | Ċ | 0.0 | 0.00 | ć 00 | Ċ 00 |
|--|-----------------|--|------|--------------------------------|--------|--------------|-------------|--------------|------------|
| FAMILY NURSE PRACTITIONER | 0 | 0 | Ş | .00 | \$ | .00 | .000 | | |
| @TOTAL HOSPITAL | 29 | 179 | \$ | - | | 1510.01 | | \$ 9320.41 | |
| HOSP INPATIENT TOTAL | 8 | 69 | | 267,127.07 | | 3871.41 | .394 | | 1526.44 |
| HSC HOSPITALS | 0 | 0 | | .00 | | .00 | .000 | .00 | .00 |
| NON-HSC HOSPITAL TOTAL | 8 | 69 | | .00 267,127.07 74,535.70 | | 3871.41 | .394 | | 1526.44 |
| ACCOMMODATIONS | 8 | 69 | | 74,535.70 | | 1080.23 | .394 | 9316.96 | 425.92 |
| ADMINISTRATIVE DAYS | 0 | 0 | | .00 | | .00 | .000 | .00 | .00 |
| TRANSITIONAL IP CARE | 0 | 0 | | .00 .00 74,535.70 | | .00 | .000 | .00 | .00 |
| ALL OTHER ACCOM | 8 | 69 | | 74,535.70 | | 1080.23 | .394 | 9316.96 | 425.92 |
| ANCILLARIES | 8 | 0 | | 192,591.3/ | | .00 | .000 | 24073.92 | 1100.52 |
| INPATIENT CROSSOVERS | 0 | 0 | | .00 | | .00 | .000 | .00 | .00 |
| ALL OTHER INPATIENT | 0 | 0 | | .00 | | .00 | .000 | .00 | .00 |
| HOSP OUTPATIENT TOTAL | 24 | 69 0 69 69 0 69 0 0 | | 3,164.89 | | .00 28.77 | .629 | 131.87 | 18.09 |
| MEDICAL | | | | 1,016.62 | | 78.20 | .074 | 101.66 | 5.81 |
| SURGERY | 2 | 2 | | 63.95 | | 31.98 | .011 | 31.98 | .37 |
| SURGERY PATHOLOGY | 13 | 65 | | 932.50 | | 14.35 | .371 | 71.73 | 5.33 |
| RADIOLOGY | 14 | 20 | | 812.76 | | 40.64 | .114 | 58.05 | 4.64 |
| ROOM USE | 4 | 6 | | 298.14 | | 49.69 | .034 | 74.54 | 1.70 |
| CROSSOVERS/ALL OTH OUTPTNT | 3 | 4 | | 40.92 | | 10.23 | .023 | 13.64 | .23 |
| @COUNTY HOSPITAL TOTAL | 0 | 0 | \$ | .00 | \$ | .00 | .000 | \$.00 | \$.00 |
| CO HOSPITAL INPATIENT TOTAL | 0 | 0 | | .00 | | .00 | .000 | .00 | .00 |
| HSC HOSPITALS | 0 | 0 | | .00 | | .00 | 000 | 0.0 | .00 |
| NON-HSC HOSPITALS TOTAL | 0 | 0 | | .00 | | .00 | .000 | .00 | .00 |
| ACCOMMODATIONS | Ö | 0 | | .00 | | .00 | .000 | .00 | .00 |
| ADMINISTRATIVE DAYS | 0 | 0 | | .00 | | .00 | .000 | .00 | .00 |
| TRANSITIONAL IP CARE | 0 | 0 | | .00 | | .00 | .000 | | .00 |
| ALL OTHER ACCOM | 0 | 0 | | .00 | | .00 | .000 | | .00 |
| ANCILLARIES | 0 | 0 | | .00 | | .00 | .000 | | .00 |
| INPATIENT CROSSOVERS | 0 | 0 | | .00 | | .00 | | | .00 |
| | 0 | 0 | | .00 | | .00 | .000 | .00 | .00 |
| ALL OTHER INPATIENT CO HOSP OUTPATIENT TOTAL | 0 | 0 | | .00 | | .00 | .000 | .00 | .00 |
| | 0 | 0 | | | | | .000 | .00 | .00 |
| MEDICAL | 0 | 0 | | .00 | | .00 | .000 | .00 | |
| SURGERY | 0 | 0 | | .00 | | .00 | .000 | .00 | .00 |
| PATHOLOGY | U | 0 | | .00 | | .00 | .000 | .00 | .00 |
| RADIOLOGY | U | 0 | | .00 | | .00 | | | .00 |
| ROOM USE | U | 0 | | .00 | | .00 | .000 | .00 | .00 |
| CROSSOVERS/ALL OTH OUTPTNT | | 0 | _~ | .00 | | .00 | .000 | .00 | .00 |
| #CALIF DEPT OF HEALTH SERV | | | ES M | ONTH-OF-PAYMENT R | REPORT | FOR JAN 2 | 2004 THRU I | DEC 2004 | PAGE 1,215 |
| MOP024 | FEE-FOR-SERVICE | | | | | | 0 - | | 03/14/05 |
| BUTTE COUNTY | SUMMARY OF SERV | ICES FOR REFUGEE | S | AID | CODES | 01 02 08 | | | |
| | | | | | | | | ONTHLY AVERA | |
| 175 ELIGIBLES | USERS | UNITS OF SERVICE | | EXPENDITURES | | | | | COST PER |
| _ | 29 8 | OR DAYS OF CARE | | | PER | UNIT/DAY | PER ELIG | USER | ELIGIBLE |
| @COMMUNITY HOSPITAL TOTAL | 29 | 179 | \$ | 270,291.96 | \$ | 1510.01 | 1.023 | \$ 9320.41 | \$ 1544.53 |
| COMM HOSP INPATIENT TOTAL | 8 | 69 | | 267,127.07 | | | .394 | | 1526.44 |
| HSC HOSPITALS | 0 | 0 | | .00 | | .00 | .000 | .00 | .00 |
| NON-HSC HOSPITALS TOTAL | 8 | 69 | | | | 3871.41 | .394 | 33390.88 | 1526.44 |
| ACCOMMODATIONS | 8 | 69 | | 74,535.70 | | 1080.23 | .394 | 9316.96 | 425.92 |
| ADMINISTRATIVE DAYS | 0 | 0 | | .00 | | .00 | .000 | .00 | .00 |
| TRANSITIONAL IP CARE | 0 | 0 | | .00 | | .00 | .000 | .00 | .00 |
| ALL OTHER ACCOM | 8 | 69 | | 74,535.70 | | 1080.23 | .394 | 9316.96 | 425.92 |
| ANCILLARIES | 8 | 0 | | 192,591.37 | | .00 | .000 | 24073.92 | 1100.52 |
| INPATIENT CROSSOVERS | 0 | 0 | | .00 | | .00 | .000 | .00 | .00 |
| ALL OTHER INPATIENT | 0 | 0 | | .00 | | .00 | .000 | .00 | .00 |
| COMM HOSP OUTPATIENT TOTAL | 24 | 110 | | 3,164.89 | | 28.77 | .629 | 131.87 | 18.09 |
| MEDICAL | 10 | 13 | | 1,016.62 | | 78.20 | .074 | 101.66 | 5.81 |
| | | | | • | | | | | |

| SURGERY | 2 | 2 | | 63.95 | | 31.98 | .011 | | 31.98 | | .37 |
|------------------------------|-----------------|------------------|-------|--------------------|--------|------------|-----------|-----|-----------|------|-----------|
| PATHOLOGY | 13 | 65 | | 932.50 | | 14.35 | .371 | | 71.73 | | 5.33 |
| RADIOLOGY | 14 | 20 | | 812.76 | | 40.64 | .114 | | 58.05 | | 4.64 |
| ROOM USE | 4 | 6 | | 298.14 | | 49.69 | .034 | | 74.54 | | 1.70 |
| CROSSOVERS/ALL OTH OUTPINT | 3 | 4 | | 40.92 | | 10.23 | .023 | | 13.64 | | .23 |
| @STATE HOSPITAL | 0 | 0 | \$ | .00 | \$ | .00 | .000 | \$ | .00 | \$ | .00 |
| MENTALLY ILL | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| DEVELOP. DISABLED | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| @NURSING FACILITY | 0 | 0 | \$ | .00 | \$ | .00 | .000 | \$ | .00 | \$ | .00 |
| LEV A-INTERMEDIATE | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| LEV B-REHAB MD | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| LEV B-SUBACUTE FREESTANDING | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| LEV B-SUBACUTE HSPTL BASED | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| LEV B-TRANSITIONAL IP CARE | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| LEV B-REGULAR | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| @INTERMEDIATE CARE FACILDD | 0 | 0 | \$ | .00 | \$ | .00 | .000 | \$ | .00 | \$ | .00 |
| ICF DDH | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| ICF DD | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| ICF DDN/DDCN | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| @HEMODIALYSIS TOTAL | 0 | 0 | \$ | .00 | \$ | .00 | .000 | \$ | .00 | \$ | .00 |
| HOSPITAL BASED | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| HEMODIALYSIS CENTER | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| @REHABILITATION FACILITY | 0 | 0 | \$ | .00 | \$ | .00 | .000 | \$ | .00 | \$ | .00 |
| HOSPITAL BASED | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| INDEPENDENT FACILITY | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| @LABORATORY FACILITY | 17 | 88 | \$ | 1,874.44 | \$ | 21.30 | .503 | \$ | 110.26 | \$ | 10.71 |
| PATHOLOGY | 17 | 88 | | 1,874.44 | | 21.30 | .503 | | 110.26 | | 10.71 |
| XO AND OTHERS | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| @ORGANIZED OUTPATIENT CLINIC | 41 | 78 | \$ | 7,600.60 | \$ | 97.44 | .446 | \$ | 185.38 | \$ | 43.43 |
| CLINIC | 15 | 35 | | 1,399.58 | | 39.99 | .200 | | 93.31 | | 8.00 |
| SURGICENTER | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| HEROIN DETOX CLINIC | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| RURAL HEALTH CLINIC | 26 | 43 | | 6,201.02 | | 144.21 | .246 | | 238.50 | | 35.43 |
| #CALIF DEPT OF HEALTH SERV | MEDI-CAL SERVIC | ES AND EXPENDITU | RES I | MONTH-OF-PAYMENT R | REPORT | FOR JAN | 2004 THRU | DEC | 2004 | P | AGE 1,216 |
| MOP024 | FEE-FOR-SERVICE | /DENTAL | | | | | | | | | 03/14/05 |
| BUTTE COUNTY | SUMMARY OF SERV | ICES FOR REFUGE | ES | AID | CODES | 01 02 08 | 0A | | | | |
| | | | | | | | M | ONT | HLY AVERA | GE · | |
| 175 ELIGIBLES | USERS | UNITS OF SERVIC | Έ | EXPENDITURES | AVE | ERAGE COST | UNITS/DAY | | COST PER | | COST PER |
| | | OR DAYS OF CAR | Œ | | PEF | R UNIT/DAY | PER ELIG | | USER |] | ELIGIBLE |
| @ALL OTHER PROVIDERS | 4 | 18 | \$ | 543.26 | \$ | 30.18 | .103 | \$ | | \$ | 3.10 |

| UNITS OF | SERVICE |] | EXPENDITURES | AVERAGE COST | UNITS/DAYS | COST PER | COST PER |
|--|---------|---------------------------------------|--------------------|--------------------|--|--|--|
| OR DAYS | OF CARE | 1 | | PER UNIT/DAY | PER ELIG | USER | ELIGIBLE |
| | 18 | \$ | 543.26 | \$ 30.18 | .103 \$ | 135.82 | \$ 3.10 |
| | 4 | | 360.06 | 90.02 | .023 | 180.03 | 2.06 |
| | 0 | | .00 | .00 | .000 | .00 | .00 |
| | 0 | | .00 | .00 | .000 | .00 | .00 |
| | 14 | | 183.20 | 13.09 | .080 | 91.60 | 1.05 |
| | 14 | | 183.20 | 13.09 | .080 | 91.60 | 1.05 |
| | 0 | | .00 | .00 | .000 | .00 | .00 |
| | 0 | | .00 | .00 | .000 | .00 | .00 |
| | 0 | | .00 | .00 | .000 | .00 | .00 |
| | 0 | | .00 | .00 | .000 | .00 | .00 |
| | 0 | | .00 | .00 | .000 | .00 | .00 |
| | 0 | | .00 | .00 | .000 | .00 | .00 |
| | 0 | | .00 | .00 | .000 | .00 | .00 |
| | 0 | | .00 | .00 | .000 | .00 | .00 |
| | 0 | | .00 | .00 | .000 | .00 | .00 |
| | 0 | | .00 | .00 | .000 | .00 | .00 |
| | 0 | | .00 | .00 | .000 | .00 | .00 |
| S 42002200000000000000000000000000000000 | | OR DAYS OF CARE 4 18 2 4 0 0 0 0 2 14 | OR DAYS OF CARE 4 | OR DAYS OF CARE 4 | OR DAYS OF CARE 18 \$ 543.26 \$ 30.18 2 4 360.06 90.02 0 0 .00 .00 0 0 .00 .00 0 0 .00 .00 2 14 183.20 13.09 2 14 183.20 13.09 0 0 .00 .00 0 0 .00 .00 0 0 .00 .00 0 0 .00 .0 | OR DAYS OF CARE 18 \$ 543.26 \$ 30.18 .103 \$ 2 4 360.06 90.02 .023 0 0 .00 .00 .00 .000 0 0 .00 .00 .00 .0 | OR DAYS OF CARE 18 \$ 543.26 \$ 30.18 .103 \$ 135.82 2 4 360.06 90.02 .023 180.03 0 .00 .00 .00 .000 .000 0 0 .00 .00 .00 |

| PROSTHETICS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
|-------------------------------|---|------|-----|--------|---------|--------|-----|
| ORTHOTICS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PSYCHOLOGIST | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| SPEECH AND AUDIOLOGY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| HOSPICE SERVICES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| NONINST BIRTHING CENTERS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| LOCAL EDUCATION AGENCIES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| EPSDT SUPPLEMENTAL SERVICE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| RESPIRATORY CARE PRACT. | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PED SUBACUTE REHAB/WEANING | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER PROVIDERS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| @CALIF. CHILDREN SERVICES* | 0 | 0 \$ | .00 | \$.00 | .000 \$ | .00 \$ | .00 |
| @XOVER EXCLUDING STATE HOSP** | 0 | 0 \$ | .00 | \$.00 | .000 \$ | .00 \$ | .00 |

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 1,217

03/14/05

MOP024 FEE-FOR-SERVICE/DENTAL
BUTTE COUNTY SUMMARY OF SERVICES FOR BCCTP-FEDERAL AID CODES 0M 0N 0P

| | | | | | MON | THLY AVERAGI | Ξ |
|----------------------------|-------|------------------|--------------|--------------|------------|--------------|-----------|
| 254 ELIGIBLES | USERS | UNITS OF SERVICE | EXPENDITURES | AVERAGE COST | UNITS/DAYS | COST PER | COST PER |
| | | OR DAYS OF CARE | | PER UNIT/DAY | PER ELIG | USER | ELIGIBLE |
| @TOTAL, ALL PROVIDERS | 271 | 2,061 \$ | 226,497.45 | \$ 109.90 | 8.114 \$ | 835.78 | \$ 891.72 |
| @PHYSICIANS SERVICES | 149 | 526 \$ | 33,352.32 | \$ 63.41 | 2.071 \$ | 223.84 | \$ 131.31 |
| OUTPATIENT VISITS | 94 | 132 | 5,269.91 | 39.92 | .520 | 56.06 | 20.75 |
| OFFICE VISITS | 93 | 129 | 5,186.91 | 40.21 | .508 | 55.77 | 20.42 |
| HOME VISITS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| EMERGENCY ROOM | 1 | 1 | 44.60 | 44.60 | .004 | 44.60 | .18 |
| PREVENTIVE CARE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OB VISITS/COMPRE PERI | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OTHER OUTPATIENT | 2 | 2 | 38.40 | 19.20 | .008 | 19.20 | .15 |
| INPATIENT VISITS | 2 | 3 | 108.06 | 36.02 | .012 | 54.03 | .43 |
| HOSPITAL VISITS | 2 | 3 | 108.06 | 36.02 | .012 | 54.03 | .43 |
| CRITICAL CARE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| SNF/ICF/TRANS IP CARE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OPHTHALMOLOGICAL SERVICES | 2 | 2 | 83.15 | 41.58 | .008 | 41.58 | .33 |
| EXAMINATIONS | 2 | 2 | 83.15 | 41.58 | .008 | 41.58 | .33 |
| SERVICES AND MATERIALS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| INPATIENT HOSPITAL SURGERY | 16 | 107 | 5,423.54 | 50.69 | .421 | 338.97 | 21.35 |
| PRINCIPAL SURGEON | 9 | 11 | 3,810.13 | 346.38 | .043 | 423.35 | 15.00 |
| ASSISTANT SURGEON | 2 | 2 | 269.54 | 134.77 | | 134.77 | 1.06 |
| ANESTHESIOLOGIST | 7 | 94 | 1,343.87 | 14.30 | .370 | 191.98 | 5.29 |
| OUTPATIENT SURGERY | 31 | 81 | 8,423.06 | 103.99 | | 271.71 | 33.16 |
| PRINCIPAL SURGEON | 28 | 38 | 7,427.76 | 195.47 | | 265.28 | 29.24 |
| ASSISTANT SURGEON | 1 | 1 | 141.10 | 141.10 | | 141.10 | .56 |
| ANESTHESIOLOGIST | 5 | 42 | 854.20 | 20.34 | | 170.84 | 3.36 |
| DIALYSIS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PATHOLOGY | 3 | 4 | 59.75 | 14.94 | | 19.92 | .24 |
| RADIOLOGY | 67 | 162 | 8,626.68 | 53.25 | | 128.76 | 33.96 |
| PSYCHIATRY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| IMMUNIZATION AND INJECTION | 4 | 15 | | 327.71 | .059 | 1228.91 | 19.35 |
| OTHER SERVICES/ALL X-OVERS | 8 | 20 | 442.54 | | | 55.32 | 1.74 |
| @PHARMACY | 154 | 371 \$ | 27,150.09 | | • | 176.30 | • |
| PRESCRIPTION DRUGS | 153 | 363 | 26,800.50 | 73.83 | | | 105.51 |
| SNF/ICF | 0 | 0 | .00 | | .000 | | .00 |
| OUTPATIENTS | 153 | 363 | 26,800.50 | 73.83 | 1.429 | 175.17 | 105.51 |

| MEDICAL SUPPLIES | 4 | | 8 | | 349.59 | , | 43.70 | .031 | | 87.40 | | 1.38 |
|--|------------------|------------|-----------------|----------|---------------|--------|-------------------------------------|-----------|-------|--|---------|----------------------|
| @DENTIST | 9 | | | Ś | 1,816.40 | | | .201 | | 201.82 | Ċ | 7.15 |
| VISITS - DIAGNOSTIC | 5 | | 2.8 | Υ | 251.40 | | 8.98 | .110 | Y | 50.28 | Ÿ | .99 |
| ORAL SURGERY | 3 | | 13 | | 515.00 | | 39.62 | .051 | | 171.67 | | 2.03 |
| DRUGS | 0 | | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| ANESTHESIA | 0 | | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| PERIODONTICS | 0 | | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| ENDODONTICS | 0 | | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| RESTORATIVE DENTISTRY | 2 | | 2 | | 60.00 | | 30.00 | .000 | | 30 00 | | .24 |
| PROSTHETICS | 0 | | 0 | | .00 | | .00 | .000 | | 30.00 | | .00 |
| DENTURES, STAYPLATES | 2 | | 8 | | 990.00 | | 123.75 | .000 | | 30.00 30.00 .00 495.00 .00 | | 3.90 |
| SPACE MAINTAINERS | 0 | | 0 | | .00 | | .00 | .031 | | 493.00 | | .00 |
| MAXILLOFACIAL SERVICES | 0 | | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| | 0 | | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| FRACTURES, DISLOCATIONS | 0 | | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| ORTHODONTIC SERVICES | 0 | | 0 | | .00 | | | | | | | |
| ALL OTHER SERVICES | | | | C MONT | | | .00 | .000 | DEG | .00 | Б. | .00 |
| #CALIF DEPT OF HEALTH SERV | MEDI-CAL SERVICE | | PENDITURE | S MONT | H-OF-PAYMENT | REPO. | RT FOR JAN | 2004 THRU | DEC | 2004 | Ρ | AGE 1,218 |
| MOP024 | FEE-FOR-SERVICE | | D0000 00 | | | | 20552 014 014 | 0.5 | | | | 03/14/05 |
| BUTTE COUNTY | SUMMARY OF SERV | ICES FOR | BCCTP-FE | DERAL | | AID (| CODES UM UN | | CNIM! | | CE | |
| OF A BLICIDIES | HOEDO | IINITEC OF | CEDITOR | | EXPENDITURES | , 70.7 | TEDACE COOM | N | | | | |
| 254 ELIGIBLES | USERS | | SERVICE OF CARE | | EXPENDITURES | | VERAGE COST ER UNIT/DAY | | | USER | | COST PER ELIGIBLE |
| QODEOMEED I CE | 3 | OR DAIS | | Ś | 130.73 | | - , | .020 | | 43.58 | | _ |
| @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED | 3 1 | | 1 | Ş | 47.45 | | 26.15 47.45 | .020 | Þ | 43.38 | Þ | .51 .19 |
| | 2 | | 4 | | 58.83 | | | | | | | |
| EYE APPLIANCES | 1 | | 0 | | | | 14.71 | .016 | | 29.42 | | .23 |
| OTHER OPTOMETRIC SERVICES | 0 | | - | Ś | 24.45 | | .00 | .000 | | 24.45 | ċ | .10 |
| @CHIROPRACTOR | 0 | | 0 | Ş | | | | | | | Þ | .00 |
| VISITS | 0 | | 0 | | .00 |)) | .00 | .000 | | | | |
| OTHER SERVICES | 0 | | - | Ś | | | .00 | .000 | | .00 | ć | .00 |
| @PODIATRIST | 0 | | 0 | Ş | .00 | , \$ | | .000 | | .00 | Ş | .00 |
| MEDICINE/INJECTIONS | 0 | | 0 | | | | .00 | .000 | | .00 | | .00 |
| SURGERY/ANES. | 0 | | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| RADIO./PATHOLOGY | 0 | | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY OTHER @HOME HEALTH AGENCY | 0 | | 0 | ċ | | | .00 | | | .00 | ċ | .00 |
| @HOME HEALTH AGENCY NURSE ANESTHESIST | 2 | | | > \$ | .00 177.75 | | .00 7.73 | .000 | | 88.88 | | .70 |
| | 0 | | | | | | | | | | | • . • |
| NURSE MIDWIFE | • | | | \$ \$ | .00 | | .00 | .000 | | .00 | ۶ \$ | .00 |
| PEDIATRIC NURSE PRACTITIONER | 0 | | 0 | > c | | | | | | | | |
| FAMILY NURSE PRACTITIONER | - | | - | > S | 140 606 01 |) \$ | .00 | .000 | | .00 | | .00 |
| @TOTAL HOSPITAL | 106 | | 0 3 2 | \$ | 149,686.01 | . Ş | 168.00 | 3.508 | Ş | 1412.13 | \$ | 589.32 |
| HOSP INPATIENT TOTAL | 7 | | 10 | | 37,934.95 |) | 3/93.50 | .039 | | 5419.28 | | 149.35 |
| HSC HOSPITALS | 0 | | 0 | | .00 |) | .00 | .000 | | .00 | | .00 |
| NON-HSC HOSPITAL TOTAL | 7 | | 10 | | 37,934.95 |) | 3793.50 .00 3793.50 556.64 | .039 | | 5419.28 | | 149.35 21.91 |
| ACCOMMODATIONS | ./ | | 10 | | 5,566.39 | , | 556.64 | .039 | | 795.20 | | |
| ADMINISTRATIVE DAYS | 0 | | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| TRANSITIONAL IP CARE | 0 | | | | .00 |) | .00 | .000 | | .00 | | .00 |
| ALL OTHER ACCOM | 7 | | 10 | | 5,566.39 |) | 556.64 | .039 | | 795.20 | | 21.91 |
| ANCILLARIES | 7 | | 0 | | 32,368.56 | | .00 | .000 | | 4624.08 | | 127.44 |

0

881

50

9

127

217

93

.00

.00

111,751.06

2,141.52

1,054.22

1,497.89

5,475.27

13,578.99

.00

.00

126.85

117.14

11.79

62.58

58.87

42.83

.000

.000

.197

.035

.500

.854

.366

3.469

.00

.00

1095.60

73.85

34.83

357.34

107.36

117.14

.00

.00

439.96

8.43

4.15

5.90

53.46

21.56

0

0

102

29

9

43

38

51

INPATIENT CROSSOVERS

ALL OTHER INPATIENT

HOSP OUTPATIENT TOTAL

MEDICAL

SURGERY

PATHOLOGY

RADIOLOGY

ROOM USE

| COUNTY HOSPITAL TOTAL | CROSSOVERS/ALL OTH OUTPTNT | 30 | 385 | 88,003.17 | 228.58 | 1.516 | 2933.44 | 346.47 |
|--|-----------------------------|---------------------|----------------------|--------------------|-----------------|--------------|------------|------------|
| HSC HOSPITALS | @COUNTY HOSPITAL TOTAL | 0 | 0 \$ | .00 | \$.00 | .000 \$ | .00 | \$.00 |
| NON-HSC HOSPITALS TOTAL | CO HOSPITAL INPATIENT TOTAL | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ACCOMMODATIONS 0 0 0.00 .00 .00 .00 .00 .00 .00 .00 . | HSC HOSPITALS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ADMINISTRATIVE DAYS 0 0 0 00 00 00 00 00 00 00 00 00 00 00 | NON-HSC HOSPITALS TOTAL | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| TRANSITIONAL IP CARE | ACCOMMODATIONS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER ACCOM ANCILLARIES 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 | ADMINISTRATIVE DAYS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ANCILLARIES 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 | TRANSITIONAL IP CARE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| INPATIENT CROSSOVERS | ALL OTHER ACCOM | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER INPATIENT | ANCILLARIES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| CO HOSP OUTPATIENT TOTAL | INPATIENT CROSSOVERS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| MEDICAL 0 0 0 0 0 0 0 0 0 | ALL OTHER INPATIENT | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| SURGERY 0 | CO HOSP OUTPATIENT TOTAL | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PATHOLOGY 0 0 0 .00 .00 .00 .00 .00 .00 .00 .00 | MEDICAL | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| RADIOLOGY 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 | SURGERY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ROOM USE | PATHOLOGY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| CROSSOVERS/ALL OTH OUTPINT 0 0 0 .00 .00 .00 .00 .00 .00 .00 | RADIOLOGY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| #CALIF DEPT OF HEALTH SERV MOPULATE MOPULATIONS MEDITAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 1,219 03/14/05 PAGE 1,219 03 | ROOM USE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| MOP024 FEE-FOR-SERVICE/DENTAL SUMMARY OF SERVICES FOR BCCTP-FEDERAL BUTTE COUNTY AID CODES OM ON OP SERVICES FOR BCCTP-FEDERAL AID CODES OM ON OP SERVICE SEXPENDITURES AVERAGE COST UNITS/DAYS COST PER COMMUNITY HOSPITAL TOTAL SEXPENDITURE SEXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER COST PER COMMUNITY HOSPITAL TOTAL SEXPENDITURE SEXPENDITURES AVERAGE COST UNITS/DAYS COST PER PER UNIT/DAY PER ELIG USER ELIGIBLE SEXPENDITURES SEXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER COST PER COST PER COST PER UNIT/DAY PER ELIG USER ELIGIBLE SEXPENDITURES SEXPENDITURES SEXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER COST PER UNIT/DAY PER ELIG USER ELIGIBLE SEXPENDITURES S | CROSSOVERS/ALL OTH OUTPINT | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| BUTTE COUNTY SUMMARY OF SERVICES FOR BCCTP-FEDERAL AID CODES OM ON OP MONTHLY AVERAGE 254 ELIGIBLES USERS UNITS OF SERVICE OR DAYS OF CARE OR DAYS OF CARE COMMUNITY HOSPITAL TOTAL TOTAL TOTAL TOTAL TOTAL HIS DESCRIPTION OF THE COUNTY OF | #CALIF DEPT OF HEALTH SERV | MEDI-CAL SERVICES A | ND EXPENDITURES MON' | TH-OF-PAYMENT RE | EPORT FOR JAN 2 | 2004 THRU DE | C 2004 | PAGE 1,219 |
| Average Cost Units/Days Cost Per Cost Per | MOP024 | FEE-FOR-SERVICE/DEN | TAL | | | | | 03/14/05 |
| 254 ELIGIBLES | BUTTE COUNTY | SUMMARY OF SERVICES | FOR BCCTP-FEDERAL | Al | ID CODES OM ON | 0 P | | |
| OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE @COMMUNITY HOSPITAL TOTAL 106 891 \$ 149,686.01 \$ 168.00 3.508 \$ 1412.13 \$ 589.32 COMM HOSP INPATIENT TOTAL 7 10 37,934.95 3793.50 .039 5419.28 149.35 HSC HOSPITALS 0 0 .00 .00 .00 .00 .00 NON-HSC HOSPITALS TOTAL 7 10 37,934.95 3793.50 .039 5419.28 149.35 ACCOMMODATIONS 7 10 5,566.39 556.64 .039 795.20 21.91 | | | | | | MON' | THLY AVERA | GE |
| @COMMUNITY HOSPITAL TOTAL 106 891 \$ 149,686.01 \$ 168.00 3.508 \$ 1412.13 \$ 589.32 COMM HOSP INPATIENT TOTAL 7 10 37,934.95 3793.50 .039 5419.28 149.35 HSC HOSPITALS 0 0 .00 .00 .00 .00 .00 NON-HSC HOSPITALS TOTAL 7 10 37,934.95 3793.50 .039 5419.28 149.35 ACCOMMODATIONS 7 10 5,566.39 556.64 .039 795.20 21.91 | 254 ELIGIBLES | USERS UNI | TS OF SERVICE | EXPENDITURES | | | | COST PER |
| COMM HOSP INPATIENT TOTAL 7 10 37,934.95 3793.50 .039 5419.28 149.35 HSC HOSPITALS 0 0 .00 .00 .00 .00 .00 NON-HSC HOSPITALS TOTAL 7 10 37,934.95 3793.50 .039 5419.28 149.35 ACCOMMODATIONS 7 10 5,566.39 556.64 .039 795.20 21.91 | | OR | DAYS OF CARE | | - ' | PER ELIG | USER | ELIGIBLE |
| HSC HOSPITALS 0 0 .00 | • | 106 | 891 \$ | 149,686.01 | \$ 168.00 | 3.508 \$ | | \$ 589.32 |
| NON-HSC HOSPITALS TOTAL 7 10 37,934.95 3793.50 .039 5419.28 149.35 ACCOMMODATIONS 7 10 5,566.39 556.64 .039 795.20 21.91 | COMM HOSP INPATIENT TOTAL | 7 | 10 | 37 , 934.95 | 3793.50 | .039 | 5419.28 | 149.35 |
| ACCOMMODATIONS 7 10 5,566.39 556.64 .039 795.20 21.91 | HSC HOSPITALS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| | NON-HSC HOSPITALS TOTAL | 7 | 10 | 37 , 934.95 | | .039 | 5419.28 | 149.35 |
| ADMINISTRATIVE DAYS 0 0 .00 .00 .00 .00 .00 .00 | ACCOMMODATIONS | 7 | 10 | 5,566.39 | 556.64 | .039 | 795.20 | 21.91 |
| | ADMINISTRATIVE DAYS | 0 | 0 | .00 | .00 | .000 | | .00 |
| TRANSITIONAL IP CARE 0 0 .00 .00 .00 .00 .00 | TRANSITIONAL IP CARE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |

| | _ | | | | | | | | |
|---|--------------------|---------------------|-------------------------------|-------|-----------|-------------|-------------|----|-----------|
| ALL OTHER ACCOM | ./ | 10 | 5,566.39 | | 556.64 | .039 | 795.20 | | 21.91 |
| ANCILLARIES | 7 | 0 | 32 , 368.56 | | .00 | .000 | 4624.08 | | 127.44 |
| INPATIENT CROSSOVERS | 0 | 0 | .00 | | .00 | .000 | .00 | | .00 |
| ALL OTHER INPATIENT | 0 | 0 | .00 | | .00 | .000 | .00 | | .00 |
| ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL | 102 | 881 | .00 111,751.06 2.141.52 | | 126.85 | 3.469 | 1095.60 | | 439.96 |
| MEDICAL | 29 | 50 | 2,141.52 | | 42.83 | .197 | 73.85 | | 8.43 |
| CUDCEDY | 9 | 9 | -, | | | .035 | 117.14 | | 4.15 |
| SURGERY | _ | | 1,054.22 | | 117.14 | | | | |
| PATHOLOGY | 43 | 127 | 1,497.89 | | 11.79 | .500 | 34.83 | | 5.90 |
| RADIOLOGY | 38 | 217 | 13,578.99 | | 62.58 | .854 | 357.34 | | 53.46 |
| ROOM USE | 51 | 93 | 5 , 475.27 | | 58.87 | .366 | 107.36 | | 21.56 |
| CROSSOVERS/ALL OTH OUTPINT | 30 | 385 | 88,003.17 | | 228.58 | 1.516 | 2933.44 | | 346.47 |
| @STATE HOSPITAL | 0 | 0 \$ | .00 | \$ | .00 | .000 | \$.00 | Ś | .00 |
| MENTALLY ILL | 0 | 0 | .00 | · | .00 | .000 | .00 | | .00 |
| DEVELOP. DISABLED | 0 | 0 | .00 | | .00 | .000 | .00 | | .00 |
| @NURSING FACILITY | 0 | 0 \$ | | \$ | | | | Ċ | .00 |
| | 0 | 0 \$ | .00 | Ş | .00 | .000 | | Þ | |
| LEV A-INTERMEDIATE | Ü | • | .00 | | .00 | .000 | .00 | | .00 |
| LEV B-REHAB MD | 0 | 0 | .00 | | .00 | .000 | .00 | | .00 |
| LEV B-SUBACUTE FREESTANDING | 0 | 0 | .00 | | .00 | .000 | .00 | | .00 |
| LEV B-SUBACUTE HSPTL BASED | 0 | 0 | .00 | | .00 | .000 | .00 | | .00 |
| LEV B-TRANSITIONAL IP CARE | 0 | 0 | .00 | | .00 | .000 | .00 | | .00 |
| LEV B-RECHLAR | 0 | 0 | .00 | | .00 | .000 | .00 | | .00 |
| GINDEDMEDIADE CADE EACTI DD | 0 | 0 \$ | .00 | \$ | .00 | .000 | | ċ | .00 |
| GINIERMEDIAIE CARE FACILDD | 0 | - · | | ş | | | | Ą | |
| ICF DDH | Ü | 0 | .00 | | .00 | .000 | .00 | | .00 |
| ICF DD | 0 | 0 | .00 | | .00 | .000 | .00 | | .00 |
| ICF DDN/DDCN | 0 | 0 | .00 | | .00 | .000 | .00 | | .00 |
| @HEMODIALYSIS TOTAL | 0 | 0 \$ | .00 | \$ | .00 | .000 | \$.00 | \$ | .00 |
| HOSPITAL BASED | 0 | 0 | .00 | | .00 | .000 | .00 | | .00 |
| HEMODIALYSIS CENTER | 0 | 0 | .00 | | .00 | .000 | .00 | | .00 |
| GREHARILITATION FACILITY | 1 | 22 \$ | 490.68 | \$ | 22.30 | .087 | | Ġ | 1.93 |
| ILOCDIMAL DACED | 1 | 22 | 490.68 | Υ | 22.30 | .087 | 490.68 | 7 | 1.93 |
| NOSFIIAL DASED | 1 | | | | | | | | |
| LEV B-SUBACUTE FREESTANDING LEV B-SUBACUTE HSPTL BASED LEV B-TRANSITIONAL IP CARE LEV B-REGULAR @INTERMEDIATE CARE FACILDD ICF DDH ICF DD ICF DDN/DDCN @HEMODIALYSIS TOTAL HOSPITAL BASED HEMODIALYSIS CENTER @REHABILITATION FACILITY HOSPITAL BASED INDEPENDENT FACILITY @LABORATORY FACILITY PATHOLOGY XO AND OTHERS | 0 | 0 | .00 | _ | .00 | .000 | .00 | _ | .00 |
| @LABORATORY FACILITY | 41 | 102 \$ | 6,094.99 | \$ | | .402 | | Ş | 24.00 |
| PATHOLOGY | 41 | 102 | 6,094.99 | | 59.75 | .402 | 148.66 | | 24.00 |
| XO AND OTHERS | 0 | 0 | .00 | | .00 | .000 | .00 | | .00 |
| @ORGANIZED OUTPATIENT CLINIC | 35 | 0 54 \$ | 7,233.37 | \$ | 133.95 | .213 | \$ 206.67 | \$ | 28.48 |
| CLINIC | 12 | 19 | 3,396.91 | | 178.78 | .075 | 283.08 | | 13.37 |
| SURGICENTER | 0 | 0 | .00 | | .00 | .000 | .00 | | .00 |
| HEROIN DETOX CLINIC | 0 | 0 | .00 | | .00 | .000 | .00 | | .00 |
| | 25 | 35 | 3,836.46 | | 109.61 | .138 | 153.46 | | 15.10 |
| RURAL HEALTH CLINIC | | | | | | | | _ | |
| #CALIF DEPT OF HEALTH SERV | | AND EXPENDITURES MO | NTH-OF-PAYMENT R | EPORT | FOR JAN 2 | 2004 THRU L | EC 2004 | Ρ. | AGE 1,220 |
| MOP024 | FEE-FOR-SERVICE/DE | | | | | | | | 03/14/05 |
| BUTTE COUNTY | SUMMARY OF SERVICE | S FOR BCCTP-FEDERAL | L A | ID CO | DES OM ON | 0 P | | | |
| | | | | | | | NTHLY AVERA | GE | |
| 254 ELIGIBLES | USERS UN | ITS OF SERVICE | EXPENDITURES | AVE: | RAGE COST | UNITS/DAYS | COST PER | | COST PER |
| | | R DAYS OF CARE | | | | PER ELIG | USER | | ELIGIBLE |
| @ALL OTHER PROVIDERS | 5 | 16 \$ | 365.11 | \$ | 22.82 | .063 | | | 1.44 |
| | 0 | 0 | .00 | | | | | | |
| ~ ~ ~ | 0 | | | | | | | | |
| BLOOD BANK | U | 0 | .00 | | .00 | .000 | .00 | | .00 |
| HEARING AID DISPENSERS | 0 | 0 | .00 | | .00 | .000 | .00 | | .00 |
| MEDICAL TRANSPORTATION | 2 | 10 | 296.31 | | 29.63 | .039 | 148.16 | | 1.17 |
| AMBULANCES/AIR TRANS | 2 | 10 | 296.31 | | 29.63 | .039 | 148.16 | | 1.17 |
| OTHER TRANS | 0 | 0 | .00 | | .00 | .000 | .00 | | .00 |
| OTHER SERVICES | 0 | 0 | .00 | | .00 | .000 | .00 | | .00 |
| ACUPUNCTURE | 0 | 0 | .00 | | .00 | .000 | .00 | | .00 |
| ADULT DAY HEALTH CARE CTR | 0 | 0 | .00 | | .00 | .000 | .00 | | .00 |
| | 0 | • | | | | | | | |
| GENETIC DISEASE TESTING | 0 | 0 | .00 | | .00 | .000 | .00 | | .00 |
| | | | | | | | | | |

| 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 | |
|---|---|---------------------------------------|---------------------------------------|---|---|--|---|--|--|--|---|
| 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 | |
| 3 | 6 | | 68.80 | 1 | 1.47 | .024 | | 22.93 | | .27 | |
| 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 | |
| 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 | |
| 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 | |
| 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 | |
| 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 | |
| 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 | |
| 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 | |
| 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 | |
| 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 | |
| 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 | |
| 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 | |
| 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 | |
| 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 | |
| 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 | |
| 0 | 0 | \$ | .00 | \$ | .00 | .000 | \$ | .00 | \$ | .00 | |
| 3 | 4 | \$ | 82.41 | \$ 2 | 0.60 | .016 | \$ | 27.47 | \$ | .32 | |
| | 0 0 3 0 0 0 0 0 0 0 0 0 0 | 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 | 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 | 0 0 .00 3 6 68.80 0 0 .00 0 0 .00 0 0 .00 0 0 .00 0 0 .00 0 0 .00 0 0 .00 0 0 .00 0 0 .00 0 0 .00 0 0 .00 0 0 .00 0 0 .00 0 0 .00 0 0 .00 0 .00 .00 0 .00 .00 0 .00 .00 0 .00 .00 0 .00 .00 0 .00 .00 0 .00 .00 0 .00 .00 0 .00 .00 0 .00 .00 0 .00 .00 | 0 0 .00 3 6 68.80 1 0 0 .00 0 0 .00 0 0 .00 0 0 .00 0 0 .00 0 0 .00 0 0 .00 0 0 .00 0 0 .00 0 0 .00 0 0 .00 0 0 .00 0 0 .00 0 0 .00 0 0 .00 0 .00 .00 0 .00 .00 0 .00 .00 0 .00 .00 0 .00 .00 0 .00 .00 0 .00 .00 0 .00 .00 0 .00 .00 0 .00 .00 0 .00 | 0 0 .00 .00 3 6 68.80 11.47 0 0 .00 .00 0 0 .00 .00 0 0 .00 .00 0 0 .00 .00 0 0 .00 .00 0 0 .00 .00 0 0 .00 .00 0 0 .00 .00 0 0 .00 .00 0 0 .00 .00 0 0 .00 .00 0 0 .00 .00 0 0 .00 .00 0 0 .00 .00 0 0 .00 .00 0 0 .00 .00 0 0 .00 .00 0 0 .00 .00 0 .00 .00 .00 0 .00 .00 .00 0 <td>0 0 .00 .00 .000 3 6 68.80 11.47 .024 0 0 .00 .00 .000 0 0 .00 .00 .000 0 0 .00 .00 .000 0 0 .00 .00 .000 0 0 .00 .00 .000 0 0 .00 .00 .000 0 0 .00 .00 .000 0 0 .00 .00 .000 0 0 .00 .00 .000 0 0 .00 .00 .000 0 0 .00 .00 .000 0 0 .00 .00 .000 0 0 .00 .00 .000 0 0 .00 .00 .000 0 0 .00 .00 .000 0 0 .00 .00 .000 0</td> <td>0 0 .00 .00 .000 3 6 68.80 11.47 .024 0 0 .00 .00 .000 0 0 .00 .00 .000 0 0 .00 .00 .000 0 0 .00 .00 .000 0 0 .00 .00 .000 0 0 .00 .00 .000 0 0 .00 .00 .000 0 0 .00 .00 .000 0 0 .00 .00 .000 0 0 .00 .00 .000 0 0 .00 .00 .000 0 0 .00 .00 .000 0 0 .00 .00 .000 0 0 .00 .00 .000 0 0 .00 .00 .00 0 0 .00 .00 .00 0 <t< td=""><td>0 0 .00 .00 .00 .00 3 6 68.80 11.47 .024 22.93 0 0 .00 .00 .000 .00 0 0 .00 .00 .000 .00 0 0 .00 .00 .000 .00 0 0 .00 .00 .000 .00 0 0 .00 .00 .00 .00 0 0 .00 .00 .00 .00 0 0 .00 .00 .00 .00 0 0 .00 .00 .00 .00 0 0 .00 .00 .00 .00 0 0 .00 .00 .00 .00 0 0 .00 .00 .00 .00 0 0 .00 .00 .00 .00 0 0 .00 .00 .00 .00 0 0 .00 .00 <</td><td>0 0 .00 .00 .00 .00 3 6 68.80 11.47 .024 22.93 0 0 .00 .00 .000 .000 0 0 .00 .00 .000 .000 0 0 .00 .00 .000 .000 0 0 .00 .00 .000 .000 0 0 .00 .00 .000 .000 0 0 .00 .00 .000 .000 0 0 .00 .00 .000 .000 0 0 .00 .00 .000 .000 0 0 .00 .00 .000 .000 0 0 .00 .00 .000 .000 0 0 .00 .00 .000 .000 0 0 .00 .00 .000 .000 0 0 .00 .00 .000 .000 0 0 .00</td><td>0 0 .00 .00 .00 .00 3 6 68.80 11.47 .024 22.93 .27 0 0 .00 .00 .000 .000 .00 .00 0 0 .00 .00 .000 .000 .00 .00 0 0 .00 .00 .000 .000 .00 .00 0 0 .00 .00 .000 .000 .00 .00 0 0 .00 .00 .000 .00 .00 .00 0 0 .00 .00 .00 .00 .00 .00 0 0 .00 .00 .00 .00 .00 .00 .00 0 0 .00 .00 .00 .00 .00 .00 .00 .00 0 0 .00 .00 .00 .00 .00 .00 .00</td></t<></td> | 0 0 .00 .00 .000 3 6 68.80 11.47 .024 0 0 .00 .00 .000 0 0 .00 .00 .000 0 0 .00 .00 .000 0 0 .00 .00 .000 0 0 .00 .00 .000 0 0 .00 .00 .000 0 0 .00 .00 .000 0 0 .00 .00 .000 0 0 .00 .00 .000 0 0 .00 .00 .000 0 0 .00 .00 .000 0 0 .00 .00 .000 0 0 .00 .00 .000 0 0 .00 .00 .000 0 0 .00 .00 .000 0 0 .00 .00 .000 0 | 0 0 .00 .00 .000 3 6 68.80 11.47 .024 0 0 .00 .00 .000 0 0 .00 .00 .000 0 0 .00 .00 .000 0 0 .00 .00 .000 0 0 .00 .00 .000 0 0 .00 .00 .000 0 0 .00 .00 .000 0 0 .00 .00 .000 0 0 .00 .00 .000 0 0 .00 .00 .000 0 0 .00 .00 .000 0 0 .00 .00 .000 0 0 .00 .00 .000 0 0 .00 .00 .000 0 0 .00 .00 .00 0 0 .00 .00 .00 0 <t< td=""><td>0 0 .00 .00 .00 .00 3 6 68.80 11.47 .024 22.93 0 0 .00 .00 .000 .00 0 0 .00 .00 .000 .00 0 0 .00 .00 .000 .00 0 0 .00 .00 .000 .00 0 0 .00 .00 .00 .00 0 0 .00 .00 .00 .00 0 0 .00 .00 .00 .00 0 0 .00 .00 .00 .00 0 0 .00 .00 .00 .00 0 0 .00 .00 .00 .00 0 0 .00 .00 .00 .00 0 0 .00 .00 .00 .00 0 0 .00 .00 .00 .00 0 0 .00 .00 <</td><td>0 0 .00 .00 .00 .00 3 6 68.80 11.47 .024 22.93 0 0 .00 .00 .000 .000 0 0 .00 .00 .000 .000 0 0 .00 .00 .000 .000 0 0 .00 .00 .000 .000 0 0 .00 .00 .000 .000 0 0 .00 .00 .000 .000 0 0 .00 .00 .000 .000 0 0 .00 .00 .000 .000 0 0 .00 .00 .000 .000 0 0 .00 .00 .000 .000 0 0 .00 .00 .000 .000 0 0 .00 .00 .000 .000 0 0 .00 .00 .000 .000 0 0 .00</td><td>0 0 .00 .00 .00 .00 3 6 68.80 11.47 .024 22.93 .27 0 0 .00 .00 .000 .000 .00 .00 0 0 .00 .00 .000 .000 .00 .00 0 0 .00 .00 .000 .000 .00 .00 0 0 .00 .00 .000 .000 .00 .00 0 0 .00 .00 .000 .00 .00 .00 0 0 .00 .00 .00 .00 .00 .00 0 0 .00 .00 .00 .00 .00 .00 .00 0 0 .00 .00 .00 .00 .00 .00 .00 .00 0 0 .00 .00 .00 .00 .00 .00 .00</td></t<> | 0 0 .00 .00 .00 .00 3 6 68.80 11.47 .024 22.93 0 0 .00 .00 .000 .00 0 0 .00 .00 .000 .00 0 0 .00 .00 .000 .00 0 0 .00 .00 .000 .00 0 0 .00 .00 .00 .00 0 0 .00 .00 .00 .00 0 0 .00 .00 .00 .00 0 0 .00 .00 .00 .00 0 0 .00 .00 .00 .00 0 0 .00 .00 .00 .00 0 0 .00 .00 .00 .00 0 0 .00 .00 .00 .00 0 0 .00 .00 .00 .00 0 0 .00 .00 < | 0 0 .00 .00 .00 .00 3 6 68.80 11.47 .024 22.93 0 0 .00 .00 .000 .000 0 0 .00 .00 .000 .000 0 0 .00 .00 .000 .000 0 0 .00 .00 .000 .000 0 0 .00 .00 .000 .000 0 0 .00 .00 .000 .000 0 0 .00 .00 .000 .000 0 0 .00 .00 .000 .000 0 0 .00 .00 .000 .000 0 0 .00 .00 .000 .000 0 0 .00 .00 .000 .000 0 0 .00 .00 .000 .000 0 0 .00 .00 .000 .000 0 0 .00 | 0 0 .00 .00 .00 .00 3 6 68.80 11.47 .024 22.93 .27 0 0 .00 .00 .000 .000 .00 .00 0 0 .00 .00 .000 .000 .00 .00 0 0 .00 .00 .000 .000 .00 .00 0 0 .00 .00 .000 .000 .00 .00 0 0 .00 .00 .000 .00 .00 .00 0 0 .00 .00 .00 .00 .00 .00 0 0 .00 .00 .00 .00 .00 .00 .00 0 0 .00 .00 .00 .00 .00 .00 .00 .00 0 0 .00 .00 .00 .00 .00 .00 .00 |

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 1,221 MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05

BUTTE COUNTY SUMMARY OF SERVICES FOR BCCTP-STATE-ONLY AID CODES OR OT OU OV

| DOTTE COONTI | DOMINANT OF DEIN | VICES FOR DECIL SI | AID OI | י עוד | CODED ON OI OO | 0 0 | | |
|----------------------------|------------------|--------------------|--------|--------------|----------------|------------|------------|----------|
| | | | | | | MON | THLY AVERA | GE |
| 49 ELIGIBLES | USERS | UNITS OF SERVICE | | EXPENDITURES | AVERAGE COST | UNITS/DAYS | COST PER | COST PER |
| | | OR DAYS OF CARE | | | PER UNIT/DAY | PER ELIG | USER | ELIGIBLE |
| @TOTAL, ALL PROVIDERS | 16 | 33 | \$ | 937.46 | \$ 28.41 | .673 \$ | 58.59 | \$ 19.13 |
| @PHYSICIANS SERVICES | 5 | 5 | \$ | 89.93 | \$ 17.99 | .102 \$ | 17.99 | \$ 1.84 |
| OUTPATIENT VISITS | 3 | 3 | | 68.40 | 22.80 | .061 | 22.80 | 1.40 |
| OFFICE VISITS | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| HOME VISITS | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| EMERGENCY ROOM | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| PREVENTIVE CARE | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| OB VISITS/COMPRE PERI | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| OTHER OUTPATIENT | 3 | 3 | | 68.40 | 22.80 | .061 | 22.80 | 1.40 |
| INPATIENT VISITS | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| HOSPITAL VISITS | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| CRITICAL CARE | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| SNF/ICF/TRANS IP CARE | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| OPHTHALMOLOGICAL SERVICES | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| EXAMINATIONS | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| SERVICES AND MATERIALS | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| INPATIENT HOSPITAL SURGERY | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| PRINCIPAL SURGEON | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| ASSISTANT SURGEON | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| ANESTHESIOLOGIST | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| OUTPATIENT SURGERY | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| PRINCIPAL SURGEON | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| ASSISTANT SURGEON | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| ANESTHESIOLOGIST | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| DIALYSIS | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| PATHOLOGY | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| RADIOLOGY | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| PSYCHIATRY | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| | | | | | | | | |

| TAMBLE TARTON AND INTEGRAL | 0 | 0 | | 0.0 | | 0.0 | 000 | | 0.0 | | 0.0 |
|----------------------------|-----------------------|------------|---------|-------------------|------|-----------|----------|-----|-------|-----|----------|
| IMMUNIZATION AND INJECTION | U | U | | .00 | | .00 | .000 | | .00 | | .00 |
| OTHER SERVICES/ALL X-OVERS | 2 | 2 | | 21.53 | | 10.77 | .041 | | 10.77 | | . 44 |
| @PHARMACY | 3 | 5 | \$ | 230.13 | \$ | 46.03 | .102 | \$ | 76.71 | \$ | 4.70 |
| PRESCRIPTION DRUGS | 3 | 5 | | 230.13 | | 46.03 | .102 | | 76.71 | | 4.70 |
| SNF/ICF | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| OUTPATIENTS | 3 | 5 | | 230.13 | | 46.03 | .102 | | 76.71 | | 4.70 |
| MEDICAL SUPPLIES | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| @DENTIST | 0 | 0 | \$ | .00 | \$ | .00 | .000 | \$ | .00 | \$ | .00 |
| VISITS - DIAGNOSTIC | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| ORAL SURGERY | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| DRUGS | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| ANESTHESIA | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| PERIODONTICS | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| ENDODONTICS | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| RESTORATIVE DENTISTRY | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| PROSTHETICS | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| DENTURES, STAYPLATES | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| SPACE MAINTAINERS | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| MAXILLOFACIAL SERVICES | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| FRACTURES, DISLOCATIONS | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| ORTHODONTIC SERVICES | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| ALL OTHER SERVICES | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| #CALIF DEPT OF HEALTH SERV | MEDI-CAL SERVICES AND | EXPENDITUR | RES MOI | NTH-OF-PAYMENT RE | PORT | FOR JAN 2 | 004 THRU | DEC | 2004 | PAG | E 1,222 |
| MOP024 | FEE-FOR-SERVICE/DENTA | L | | | | | | | | | 03/14/05 |

SUMMARY OF SERVICES FOR BCCTP-STATE-ONLY AID CODES OR OT OU OV

BUTTE COUNTY

----- MONTHLY AVERAGE -----49 ELIGIBLES EXPENDITURES COST PER USERS UNITS OF SERVICE AVERAGE COST UNITS/DAYS COST PER PER UNIT/DAY PER ELIG USER OR DAYS OF CARE ELIGIBLE 0 @OPTOMETRIST 0 .00 \$.00 .000 \$.00 \$.00 DIAGNOSTIC AND ANC. PROCED 0 0 .00 .00 .000 .00 .00 EYE APPLIANCES 0 .00 .00 .000 .00 .00 OTHER OPTOMETRIC SERVICES .00 .00 .000 .00 .00 .00 \$.00 .00 \$ @CHIROPRACTOR .000 \$.00 .00 VISITS .00 .00 .000 .00 .00 .00 .000 .00 OTHER SERVICES @PODIATRIST 0 .00 \$.00 .000 \$.00 \$.00 .00 MEDICINE/INJECTIONS 0 .00 .00 .000 .00 .00 .00 SURGERY/ANES. .00 .000 .00 RADIO./PATHOLOGY 0 .00 .00 .000 .00 .00 OTHER 0 .00 .00 .000 .00 .00 .00 \$.00 .000 \$.00 \$ @HOME HEALTH AGENCY 0 .00 \$.00 .000 \$.00 \$ NURSE ANESTHESIST .00 .00 NURSE MIDWIFE 0 .00 \$.000 \$.00 \$.00 PEDIATRIC NURSE PRACTITIONER .00 .00 .000 \$.00 \$ FAMILY NURSE PRACTITIONER .00 \$.00 .000 \$.00 \$.00 .041 \$ @TOTAL HOSPITAL 125.06 62.53 125.06 \$ 2.55 HOSP INPATIENT TOTAL .00 .00 .000 .00 .00 0 .00 HSC HOSPITALS .00 .000 .00 .00 NON-HSC HOSPITAL TOTAL .00 .00 .00 .000 .00 .00 ACCOMMODATIONS .00 .000 .00 ADMINISTRATIVE DAYS .00 .00 .000 .00 .00 .00 .00 .00 TRANSITIONAL IP CARE .000 .00 .00 .00 .000 ALL OTHER ACCOM .00 ANCILLARIES .00 .00 .000 .00 .00 INPATIENT CROSSOVERS .00 .00 .000 .00 .00 ALL OTHER INPATIENT .00 .000 .00 .00

| HOSP OUTPATIENT TOTAL | 1 | 2 | 125.06 | 62.53 | .041 | 125.06 | 2.55 |
|-----------------------------|--------------------------|------------|---------------------|-----------------|---------------|--------|------------|
| MEDICAL | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| SURGERY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PATHOLOGY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| RADIOLOGY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ROOM USE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| CROSSOVERS/ALL OTH OUTPTNT | 1 | 2 | 125.06 | 62.53 | .041 | 125.06 | 2.55 |
| @COUNTY HOSPITAL TOTAL | 0 | 0 \$ | .00 | \$.00 | .000 \$ | .00 | \$.00 |
| CO HOSPITAL INPATIENT TOTAL | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| HSC HOSPITALS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| NON-HSC HOSPITALS TOTAL | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ACCOMMODATIONS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ADMINISTRATIVE DAYS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| TRANSITIONAL IP CARE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER ACCOM | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ANCILLARIES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| INPATIENT CROSSOVERS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER INPATIENT | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| CO HOSP OUTPATIENT TOTAL | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| MEDICAL | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| SURGERY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PATHOLOGY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| RADIOLOGY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ROOM USE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| CROSSOVERS/ALL OTH OUTPINT | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| #CALIF DEPT OF HEALTH SERV | MEDI-CAL SERVICES AND EX | PENDITURES | MONTH-OF-PAYMENT RE | EPORT FOR JAN 2 | 2004 THRU DEC | 2004 | PAGE 1,223 |
| MOP024 | FEE-FOR-SERVICE/DENTAL | | | | | | 03/14/05 |
| BUTTE COUNTY | SUMMARY OF SERVICES FOR | BCCTP-STA | TE-ONLY AID C | CODES OR OT OU | VO | | |

| BUILE COUNTI | SUMMARI OF SERVICES | FOR BCCIF-3 | DIAIE-ONI | II AID (| CODES | 0K 01 00 | | | | | |
|-----------------------------|---------------------|--------------|-----------|--------------|-------|-----------|------------|-----|-----------|-----|--------|
| | | | | | | | MC | NTF | HLY AVERA | GE | |
| 49 ELIGIBLES | USERS UNIT | S OF SERVICE | 3 | EXPENDITURES | AVE | RAGE COST | UNITS/DAYS | 3 (| COST PER | COS | ST PER |
| | OR | DAYS OF CARE | 2 | | PER | UNIT/DAY | PER ELIG | | USER | ELI | GIBLE |
| @COMMUNITY HOSPITAL TOTAL | 1 | 2 | \$ | 125.06 | \$ | 62.53 | .041 | \$ | 125.06 | \$ | 2.55 |
| COMM HOSP INPATIENT TOTAL | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| HSC HOSPITALS | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| NON-HSC HOSPITALS TOTAL | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| ACCOMMODATIONS | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| ADMINISTRATIVE DAYS | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| TRANSITIONAL IP CARE | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| ALL OTHER ACCOM | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| ANCILLARIES | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| INPATIENT CROSSOVERS | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| ALL OTHER INPATIENT | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| COMM HOSP OUTPATIENT TOTAL | 1 | 2 | | 125.06 | | 62.53 | .041 | | 125.06 | | 2.55 |
| MEDICAL | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| SURGERY | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| PATHOLOGY | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| RADIOLOGY | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| ROOM USE | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| CROSSOVERS/ALL OTH OUTPTNT | 1 | 2 | | 125.06 | | 62.53 | .041 | | 125.06 | | 2.55 |
| @STATE HOSPITAL | 0 | 0 | \$ | .00 | \$ | .00 | .000 | \$ | .00 | \$ | .00 |
| MENTALLY ILL | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| DEVELOP. DISABLED | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| @NURSING FACILITY | 0 | 0 | \$ | .00 | \$ | .00 | .000 | \$ | .00 | \$ | .00 |
| LEV A-INTERMEDIATE | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| LEV B-REHAB MD | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| LEV B-SUBACUTE FREESTANDING | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| | | | | | | | | | | | |

| LEV B-SUBACUTE HSPTL BASED | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
|------------------------------|-----------------------|---------------|--------------------|----------------|---------------|-------------|------------|
| LEV B-TRANSITIONAL IP CARE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| LEV B-REGULAR | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| @INTERMEDIATE CARE FACILDD | 0 | 0 \$ | .00 | \$.00 | .000 \$ | .00 | \$.00 |
| ICF DDH | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ICF DD | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ICF DDN/DDCN | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| @HEMODIALYSIS TOTAL | 0 | 0 \$ | .00 | \$.00 | .000 \$ | .00 | \$.00 |
| HOSPITAL BASED | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| HEMODIALYSIS CENTER | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| @REHABILITATION FACILITY | 0 | 0 \$ | .00 | \$.00 | .000 \$ | .00 | \$.00 |
| HOSPITAL BASED | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| INDEPENDENT FACILITY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| @LABORATORY FACILITY | 1 | 6 \$ | 417.19 | \$ 69.53 | .122 \$ | 417.19 | \$ 8.51 |
| PATHOLOGY | 1 | 6 | 417.19 | 69.53 | .122 | 417.19 | 8.51 |
| XO AND OTHERS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| @ORGANIZED OUTPATIENT CLINIC | 0 | 0 \$ | .00 | \$.00 | .000 \$ | .00 | \$.00 |
| CLINIC | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| SURGICENTER | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| HEROIN DETOX CLINIC | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| RURAL HEALTH CLINIC | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| #CALIF DEPT OF HEALTH SERV | MEDI-CAL SERVICES AND | EXPENDITURES | MONTH-OF-PAYMENT F | REPORT FOR JAN | 2004 THRU DEC | 2004 | PAGE 1,224 |
| MOP024 | FEE-FOR-SERVICE/DENTA | L | | | | | 03/14/05 |
| BUTTE COUNTY | SUMMARY OF SERVICES F | OR BCCTP-STAT | E-ONLY AID | CODES OR OT 0 | U OV | | |
| | | | | | MONT | THLY AVERAG | E |
| 49 ELIGIBLES | USERS UNITS | OF SERVICE | EXPENDITURES | AVERAGE COS | T UNITS/DAYS | COST PER | COST PER |
| | OR D | AYS OF CARE | | PER UNIT/DA | Y PER ELIG | USER | ELIGIBLE |
| @ALL OTHER PROVIDERS | 7 | 15 \$ | 75.15 | \$ 5.01 | .306 \$ | 10.74 | \$ 1.53 |
| DURABLE MED. EQUIP. | 2 | 10 | 43.30 | 4.33 | .204 | 21.65 | .88 |
| BLOOD BANK | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| HEARING AID DISPENSERS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| MEDICAL TRANSPORTATION | 0 | 0 | .00 | .00 | .000 | .00 | .00 |

| AMBULANCES/AIR TRANS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
|--------------------------------|---|------|--------|----------|---------|----------|------|
| OTHER TRANS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OTHER SERVICES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ACUPUNCTURE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ADULT DAY HEALTH CARE CTR | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| GENETIC DISEASE TESTING | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| IHMC, MODEL-NF, NF, AIDS, MSSP | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OCCUPATIONAL THERAPIST | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OPTICIAN | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PHYSICAL THERAPIST | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PORTABLE X-RAY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PROSTHETIST/ORTHOTISTS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PROSTHETICS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ORTHOTICS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PSYCHOLOGIST | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| SPEECH AND AUDIOLOGY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| HOSPICE SERVICES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| NONINST BIRTHING CENTERS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| LOCAL EDUCATION AGENCIES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| EPSDT SUPPLEMENTAL SERVICE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| RESPIRATORY CARE PRACT. | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PED SUBACUTE REHAB/WEANING | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER PROVIDERS | 5 | 5 | 31.85 | 6.37 | .102 | 6.37 | .65 |
| @CALIF. CHILDREN SERVICES* | 0 | 0 \$ | .00 | \$.00 | .000 \$ | .00 \$ | .00 |
| @XOVER EXCLUDING STATE HOSP** | 7 | 9 \$ | 178.44 | \$ 19.83 | .184 \$ | 25.49 \$ | 3.64 |
| | | | | | | | |

^{0*} Totals in these lines are given as a separate information item only;

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 1,225
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
BUTTE COUNTY SUMMARY OF SERVICES FOR BCCTP-TOTAL

| DOTTE COONTY | DOMINING OF DEL | (VICED FOR DOCTE TOTAL | | | | | |
|----------------------------|-----------------|------------------------|--------------|--------------|------------|--------------|-----------|
| | | | | | MO | NTHLY AVERAG | E |
| 303 ELIGIBLES | USERS | UNITS OF SERVICE | EXPENDITURES | AVERAGE COST | UNITS/DAYS | COST PER | COST PER |
| | | OR DAYS OF CARE | | PER UNIT/DAY | PER ELIG | USER | ELIGIBLE |
| @TOTAL, ALL PROVIDERS | 287 | 2,094 \$ | 227,434.91 | \$ 108.61 | 6.911 | \$ 792.46 | \$ 750.61 |
| @PHYSICIANS SERVICES | 154 | 531 \$ | 33,442.25 | \$ 62.98 | 1.752 | \$ 217.16 | \$ 110.37 |
| OUTPATIENT VISITS | 97 | 135 | 5,338.31 | 39.54 | .446 | 55.03 | 17.62 |
| OFFICE VISITS | 93 | 129 | 5,186.91 | 40.21 | .426 | 55.77 | 17.12 |
| HOME VISITS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| EMERGENCY ROOM | 1 | 1 | 44.60 | 44.60 | .003 | 44.60 | .15 |
| PREVENTIVE CARE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OB VISITS/COMPRE PERI | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OTHER OUTPATIENT | 5 | 5 | 106.80 | 21.36 | .017 | 21.36 | .35 |
| INPATIENT VISITS | 2 | 3 | 108.06 | 36.02 | .010 | 54.03 | .36 |
| HOSPITAL VISITS | 2 | 3 | 108.06 | 36.02 | .010 | 54.03 | .36 |
| CRITICAL CARE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| SNF/ICF/TRANS IP CARE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OPHTHALMOLOGICAL SERVICES | 2 | 2 | 83.15 | 41.58 | .007 | 41.58 | .27 |
| EXAMINATIONS | 2 | 2 | 83.15 | 41.58 | .007 | 41.58 | .27 |
| SERVICES AND MATERIALS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| INPATIENT HOSPITAL SURGERY | 16 | 107 | 5,423.54 | 50.69 | .353 | 338.97 | 17.90 |
| PRINCIPAL SURGEON | 9 | 11 | 3,810.13 | 346.38 | .036 | 423.35 | 12.57 |
| ASSISTANT SURGEON | 2 | 2 | 269.54 | 134.77 | .007 | 134.77 | .89 |
| ANESTHESIOLOGIST | 7 | 94 | 1,343.87 | 14.30 | .310 | 191.98 | 4.44 |
| OUTPATIENT SURGERY | 31 | 81 | 8,423.06 | 103.99 | .267 | 271.71 | 27.80 |
| PRINCIPAL SURGEON | 28 | 38 | 7,427.76 | 195.47 | .125 | 265.28 | 24.51 |
| | | | | | | | |

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

| 1 | 1 | | 141.10 | | 141.10 | .003 | | 141.10 | | .47 |
|-------------------------|--|--|--|--|---|---|---|---|----|---|
| 5 | 42 | | 854.20 | | 20.34 | .139 | | 170.84 | | 2.82 |
| 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| 3 | 4 | | 59.75 | | 14.94 | .013 | | 19.92 | | .20 |
| 67 | 162 | | 8,626.68 | | 53.25 | .535 | | 128.76 | | 28.47 |
| 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| 4 | 15 | | 4,915.63 | | 327.71 | .050 | | 1228.91 | | 16.22 |
| 10 | 22 | | 464.07 | | 21.09 | .073 | | 46.41 | | 1.53 |
| 157 | 376 | \$ | 27,380.22 | \$ | 72.82 | 1.241 | \$ | 174.40 | \$ | 90.36 |
| 156 | 368 | | 27,030.63 | | 73.45 | 1.215 | | 173.27 | | 89.21 |
| 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| 156 | 368 | | 27,030.63 | | 73.45 | 1.215 | | 173.27 | | 89.21 |
| 4 | 8 | | 349.59 | | 43.70 | .026 | | 87.40 | | 1.15 |
| 9 | | \$ | 1,816.40 | \$ | 35.62 | .168 | \$ | 201.82 | \$ | 5.99 |
| 5 | 28 | | 251.40 | | 8.98 | .092 | | 50.28 | | .83 |
| 3 | 13 | | 515.00 | | 39.62 | .043 | | 171.67 | | 1.70 |
| 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| 2 | 2 | | 60.00 | | 30.00 | .007 | | 30.00 | | .20 |
| 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| 2 | 8 | | 990.00 | | 123.75 | .026 | | 495.00 | | 3.27 |
| 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| 0 | 0 | | | | | | | | | .00 |
| 0 | 0 | | | | | | | | | .00 |
| 0 | 0 | | | | | | | | | .00 |
| 0 | 0 | | | | | | | | | .00 |
| | KPENDIT | URES M | ONTH-OF-PAYMENT RE | EPORT | r for Jan | 2004 THRU | DEC | 2004 | PF | AGE 1,226 |
| | | | | | | | | | | 03/14/05 |
| SUMMARY OF SERVICES FOR | BCCTP | -TOTAL | | | | | | | | |
| | 0 4 10 157 156 0 156 4 9 5 3 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 | 0 0 0 3 4 67 162 0 0 0 4 15 10 22 157 376 156 368 0 0 0 156 368 4 8 9 51 5 28 3 13 0 | 0 0 0 3 4 67 162 0 0 0 4 15 10 22 157 376 \$ 156 368 0 0 0 156 368 4 8 9 51 \$ 5 28 3 13 0 | 5 42 854.20 0 0 .00 3 4 59.75 67 162 8,626.68 0 0 .00 4 15 4,915.63 10 22 464.07 157 376 27,380.22 156 368 27,030.63 0 0 .00 156 368 27,030.63 4 8 349.59 9 51 \$ 1,816.40 5 28 251.40 3 13 515.00 0 0 .00 0 0 .00 0 0 .00 0 0 .00 0 0 .00 0 0 .00 0 0 .00 0 0 .00 0 0 .00 0 0 .00 0 0 .00 0 0 .00 | 5 42 854.20 0 0 .00 3 4 59.75 67 162 8,626.68 0 0 .00 4 15 4,915.63 10 22 464.07 157 376 \$ 27,380.22 \$ 156 368 27,030.63 0 0 0 .00 0 156 368 27,030.63 0 9 51 \$ 1,816.40 \$ 9 51 \$ 1,816.40 \$ 5 28 251.40 \$ 3 13 515.00 0 0 0 .00 .00 0 0 .00 .00 0 0 .00 .00 0 0 .00 .00 0 0 .00 .00 0 0 .00 .00 0 0 .00 .00 0 0 .00 .00 | 5 42 854.20 20.34 0 0 .00 .00 3 4 59.75 14.94 67 162 8,626.68 53.25 0 0 .00 .00 4 15 4,915.63 327.71 10 22 464.07 21.09 157 376 \$ 27,380.22 \$ 72.82 156 368 27,030.63 73.45 0 0 .00 .00 156 368 27,030.63 73.45 4 8 349.59 43.70 9 51 \$ 1,816.40 \$ 35.62 5 28 251.40 8.98 3 13 515.00 39.62 0 0 .00 .00 0 0 .00 .00 0 0 .00 .00 0 0 .00 .00 0 0 .00 .00 0 0 .00 .00 | 5 42 854.20 20.34 .139 0 0 .00 .00 .000 3 4 59.75 14.94 .013 67 162 8,626.68 53.25 .535 0 0 .00 .00 .00 4 15 4,915.63 327.71 .050 10 22 464.07 21.09 .073 157 376 \$ 27,380.22 \$ 72.82 1.241 156 368 27,030.63 73.45 1.215 0 0 .00 .00 .00 156 368 27,030.63 73.45 1.215 0 0 .00 .00 .00 156 368 27,030.63 73.45 1.215 4 8 349.59 43.70 .026 9 51 \$ 1,816.40 \$ 35.62 .168 5 28 251.40 8.98 .092 <td>5 42 854.20 20.34 .139 0 0 .00 .00 .00 3 4 59.75 14.94 .013 67 162 8,626.68 53.25 .535 0 0 .00 .00 .00 4 15 4,915.63 327.71 .050 10 22 464.07 21.09 .073 157 376 \$ 27,380.22 \$ 72.82 1.241 \$ 156 368 27,030.63 73.45 1.215 \$ 0 0 .00 .00 .00 .00 156 368 27,030.63 73.45 1.215 \$ 4 8 349.59 43.70 .026 \$ 9 51 \$ 1,816.40 \$ 35.62 .168 \$ 5 28 251.40 8.98 .092 .043 .00 .00 .00 .00 .00 .00<td> S</td><td>5 42 854.20 20.34 1.39 170.84 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0</td></td> | 5 42 854.20 20.34 .139 0 0 .00 .00 .00 3 4 59.75 14.94 .013 67 162 8,626.68 53.25 .535 0 0 .00 .00 .00 4 15 4,915.63 327.71 .050 10 22 464.07 21.09 .073 157 376 \$ 27,380.22 \$ 72.82 1.241 \$ 156 368 27,030.63 73.45 1.215 \$ 0 0 .00 .00 .00 .00 156 368 27,030.63 73.45 1.215 \$ 4 8 349.59 43.70 .026 \$ 9 51 \$ 1,816.40 \$ 35.62 .168 \$ 5 28 251.40 8.98 .092 .043 .00 .00 .00 .00 .00 .00 <td> S</td> <td>5 42 854.20 20.34 1.39 170.84 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0</td> | S | 5 42 854.20 20.34 1.39 170.84 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 |

| DOTTE COUNTY | BOTHWIN OF BEIN | VICES FOR BEETE I | 011111 | | | | M | ∩N⊓ | HLY AVERA | CE | |
|------------------------------|-----------------|-------------------|--------|-------------------|----------|------------|-----------|-----|-----------|-----|----------|
| 303 ELIGIBLES | USERS | UNITS OF SERVICE | | EXPENDITURES | 7\ \ 7.1 | ERAGE COST | UNITS/DAY | | COST PER | ŒĽ. | COST PER |
| 202 FILGIBLES | OSERS | OR DAYS OF CARE | | EXPENDITORES | | R UNIT/DAY | PER ELIG | - | USER | | ELIGIBLE |
| @OPTOMETRIST | 2 | OR DAIS OF CARE | Ś | 130.73 | S S | 26.15 | _ | | | Ś | _ |
| | | J 1 | ې | 47.45 | Ą | 47.45 | .017 | Ą | 43.58 | Ą | .43 |
| DIAGNOSTIC AND ANC. PROCED | 1 | 1 | | | | | | | 47.45 | | .16 |
| EYE APPLIANCES | 2 | 4 | | 58.83 | | 14.71 | .013 | | 29.42 | | .19 |
| OTHER OPTOMETRIC SERVICES | 1 | U | _ | 24.45 | _ | .00 | .000 | _ | 24.45 | _ | .08 |
| @CHIROPRACTOR | 0 | 0 | \$ | .00 | \$ | .00 | | \$ | .00 | \$ | .00 |
| VISITS | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| OTHER SERVICES | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| @PODIATRIST | 0 | 0 | \$ | .00 | \$ | .00 | .000 | \$ | .00 | \$ | .00 |
| MEDICINE/INJECTIONS | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| SURGERY/ANES. | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| RADIO./PATHOLOGY | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| OTHER | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| @HOME HEALTH AGENCY | 0 | 0 | \$ | .00 | \$ | .00 | .000 | \$ | .00 | \$ | .00 |
| NURSE ANESTHESIST | 2 | 23 | \$ | 177.75 | \$ | 7.73 | .076 | \$ | 88.88 | \$ | .59 |
| NURSE MIDWIFE | 0 | 0 | \$ | .00 | \$ | .00 | .000 | \$ | .00 | \$ | .00 |
| PEDIATRIC NURSE PRACTITIONER | . 0 | 0 | \$ | .00 | \$ | .00 | .000 | \$ | .00 | \$ | .00 |
| FAMILY NURSE PRACTITIONER | 0 | 0 | \$ | .00 | \$ | .00 | .000 | \$ | .00 | \$ | .00 |
| @TOTAL HOSPITAL | 107 | 893 | \$ | 149,811.07 | \$ | 167.76 | 2.947 | \$ | 1400.10 | \$ | 494.43 |
| HOSP INPATIENT TOTAL | 7 | 10 | | 37,934.95 | | 3793.50 | .033 | | 5419.28 | | 125.20 |
| HSC HOSPITALS | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| NON-HSC HOSPITAL TOTAL | 7 | 10 | | 37,934.95 | | 3793.50 | .033 | | 5419.28 | | 125.20 |
| ACCOMMODATIONS | 7 | 10 | | 5 , 566.39 | | 556.64 | .033 | | 795.20 | | 18.37 |
| | | | | | | | | | | | |

| .000 .00 .00 .000 .00 .00 .033 795.20 18.37 .000 .00 .00 .000 .00 .00 .000 .00 .00 .001 .00 .00 .002 .00 .00 .003 .00 .00 .004 .00 .00 .005 .001 .00 .006 .001 .00 .007 .001 .00 .008 .001 .001 .009 .001 .001 .000 .001 .001 .000 .001 .001 .000 .001 .001 .000 .001 .001 .000 .001 .001 .000 .001 .001 .000 .002 .001 .000 .003 .001 .000 .003 .002 .000 .003 .003 .000 .003 .003 |
|--|
| .033 795.20 18.37 .000 4624.08 106.83 .000 .00 .00 .000 .00 .00 .014 1086.18 369.23 .165 73.85 7.07 .030 117.14 3.48 .419 34.83 4.94 .716 357.34 44.82 .307 107.36 18.07 .277 2842.85 290.85 .000 \$.00 .000 .00 .00 .000 .00 .00 .000 .00 .00 .000 .00 .00 .000 .00 .00 .000 .00 .00 .000 .00 .00 .000 .00 .00 .000 .00 .00 .000 .00 .00 .000 .00 .00 .000 .00 .00 .000 .00 .00 .000 .00 .00 |
| .000 .00 .00 .000 .00 .00 .01 .00 .00 .02 .914 1086.18 369.23 .165 73.85 7.07 .030 117.14 3.48 .419 34.83 4.94 .716 357.34 44.82 .307 107.36 18.07 1.277 2842.85 290.85 .000 \$.00 .000 .00 .00 .000 .00 .00 .000 .00 .00 .000 .00 .00 .000 .00 .00 .000 .00 .00 .000 .00 .00 .000 .00 .00 .000 .00 .00 .000 .00 .00 .000 .00 .00 .000 .00 .00 .000 .00 .00 .000 .00 .00 .000 .00 |
| .000 .00 .00 .000 .00 .00 .01 .00 .00 .02 .914 1086.18 369.23 .165 73.85 7.07 .030 117.14 3.48 .419 34.83 4.94 .716 357.34 44.82 .307 107.36 18.07 1.277 2842.85 290.85 .000 \$.00 .000 .00 .00 .000 .00 .00 .000 .00 .00 .000 .00 .00 .000 .00 .00 .000 .00 .00 .000 .00 .00 .000 .00 .00 .000 .00 .00 .000 .00 .00 .000 .00 .00 .000 .00 .00 .000 .00 .00 .000 .00 .00 .000 .00 |
| .000 .00 .00 2.914 1086.18 369.23 .165 73.85 7.07 .030 117.14 3.48 .419 34.83 4.94 .716 357.34 44.82 .307 107.36 18.07 1.277 2842.85 290.85 .000 \$.00 .000 .00 .00 .000 .00 .00 .000 .00 .00 .000 .00 .00 .000 .00 .00 .000 .00 .00 .000 .00 .00 .000 .00 .00 .000 .00 .00 .000 .00 .00 .000 .00 .00 .000 .00 .00 .000 .00 .00 .000 .00 .00 .000 .00 .00 .000 .00 .00 .000 .00 .00 |
| 2.914 |
| .165 73.85 7.07 .030 117.14 3.48 .419 34.83 4.94 .716 357.34 44.82 .307 107.36 18.07 1.277 2842.85 290.85 .000 \$.00 \$.00 .000 .00 .00 .000 .00 .00 .000 .00 . |
| .030 117.14 3.48 .419 34.83 4.94 .716 357.34 44.82 .307 107.36 18.07 .277 2842.85 290.85 .000 \$.00 .000 .00 .00 |
| .419 34.83 4.94 .716 357.34 44.82 .307 107.36 18.07 1.277 2842.85 290.85 .000 \$.00 .000 .00 .00 |
| .716 357.34 44.82 .307 107.36 18.07 .277 2842.85 290.85 .000 \$.00 .000 .00 .00 .000 .00 .00 .000 .00 .00 .000 .00 .00 .000 .00 .00 .000 .00 .00 .000 .00 .00 .000 .00 .00 .000 .00 .00 .000 .00 .00 .000 .00 .00 .000 .00 .00 .000 .00 .00 .000 .00 .00 |
| .307 |
| 1.277 2842.85 290.85 .000 \$.00 .000 .00 .00 .000 .00 .00 .000 .00 .00 .000 .00 .00 .000 .00 .00 .000 .00 .00 .000 .00 .00 .000 .00 .00 .000 .00 .00 .000 .00 .00 .000 .00 .00 .000 .00 .00 .000 .00 .00 .000 .00 .00 .000 .00 .00 |
| .000 \$.00 \$.00 .000 .00 .00 .000 .00 .00 .000 .00 . |
| .000 .00 |
| .000 .00 |
| .000 .00 .000 .00 .000 .00 .000 .00 .000 .00 .000 .00 .000 .00 .000 .00 .000 .00 .000 .00 .000 .00 |
| .000 .00 .00 .000 .00 .00 .000 .00 .00 |
| .000 .00 .00 .000 .00 .00 .000 .00 .00 |
| .000 .00 .00 .000 .00 .00 .000 .00 .00 |
| 000 00 |
| 000 00 |
| 000 00 |
| 000 00 |
| .000 .00 .00 .000 .00 .00 |
| .000 .00 |
| |
| .000 .00 |
| .000 .00 .00 |
| .000 .00 .00 |
| .000 .00 .00 |
| .000 .00 .00 |
| |
| - 000 - 00 - 00 |
| .000 .00 .00 THRU DEC 2004 PAGE 1.227 |
| THRU DEC 2004 PAGE 1,227 |
| |
| THRU DEC 2004 PAGE 1,227 03/14/05 |
| THRU DEC 2004 PAGE 1,227 03/14/05 MONTHLY AVERAGE |
| THRU DEC 2004 PAGE 1,227 03/14/05 MONTHLY AVERAGE TS/DAYS COST PER COST PER |
| THRU DEC 2004 PAGE 1,227 03/14/05 MONTHLY AVERAGE CS/DAYS COST PER R ELIG USER ELIGIBLE |
| THRU DEC 2004 PAGE 1,227 03/14/05 MONTHLY AVERAGE CS/DAYS COST PER R ELIG USER ELIGIBLE 2.947 \$ 1400.10 \$ 494.43 |
| THRU DEC 2004 PAGE 1,227 03/14/05 MONTHLY AVERAGE SS/DAYS COST PER COST PER R ELIG USER ELIGIBLE 2.947 \$ 1400.10 \$ 494.43 .033 5419.28 125.20 |
| THRU DEC 2004 PAGE 1,227 03/14/05 MONTHLY AVERAGE SS/DAYS COST PER COST PER R ELIG USER ELIGIBLE 2.947 \$ 1400.10 \$ 494.43 .033 5419.28 125.20 |
| THRU DEC 2004 PAGE 1,227 03/14/05 MONTHLY AVERAGE SS/DAYS COST PER COST PER R ELIG USER ELIGIBLE 2.947 \$ 1400.10 \$ 494.43 .033 5419.28 125.20 |
| THRU DEC 2004 PAGE 1,227 03/14/05 MONTHLY AVERAGE CS/DAYS COST PER COST PER R ELIG USER ELIGIBLE 2.947 \$ 1400.10 \$ 494.43 .033 5419.28 125.20 .000 .00 .00 .033 5419.28 125.20 .033 795.20 18.37 |
| THRU DEC 2004 PAGE 1,227 03/14/05 MONTHLY AVERAGE TS/DAYS COST PER COST PER R ELIG USER ELIGIBLE 2.947 \$ 1400.10 \$ 494.43 .033 5419.28 125.20 .000 .00 .00 .033 5419.28 125.20 .033 795.20 18.37 .000 .00 |
| THRU DEC 2004 PAGE 1,227 03/14/05 MONTHLY AVERAGE TS/DAYS COST PER COST PER R ELIG USER ELIGIBLE 2.947 \$ 1400.10 \$ 494.43 .033 5419.28 125.20 .000 .00 .00 .033 5419.28 125.20 .033 795.20 18.37 .000 .00 |
| THRU DEC 2004 PAGE 1,227 03/14/05 MONTHLY AVERAGE TS/DAYS COST PER COST PER R ELIG USER ELIGIBLE 2.947 \$ 1400.10 \$ 494.43 .033 5419.28 125.20 .000 .00 .00 .033 5419.28 125.20 .033 795.20 18.37 .000 .00 |
| THRU DEC 2004 PAGE 1,227 |
| .000 .00 |

43

38

51

31

0

9

127

217

93

387

0

1,054.22

1,497.89

13,578.99

5,475.27

88,128.23

117.14

11.79

62.58

58.87

227.72

.00 \$.00

.030

.419

.716

.307

1.277

117.14

34.83

357.34

107.36

2842.85

.000 \$.00 \$

3.48

4.94

44.82

18.07

290.85

.00

SURGERY

PATHOLOGY

RADIOLOGY

@STATE HOSPITAL

CROSSOVERS/ALL OTH OUTPINT

ROOM USE

| MENTALLY ILL | 0 | | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
|--|---|----------|--|----------|--|----------|--|--|----------|--|----------|---|
| DEVELOP. DISABLED | 0 | | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| @NURSING FACILITY | 0 | | 0 | \$ | .00 | Ś | .00 | .000 | Ś | .00 | Ś | .00 |
| LEV A-INTERMEDIATE | 0 | | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| LEV B-REHAB MD | 0 | | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| LEV B-SUBACUTE FREESTANDING | 0 | | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| LEV B-SUBACUTE HSPTL BASED | 0 | | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| LEV B-TRANSITIONAL IP CARE | 0 | | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| LEV B-REGULAR | 0 | | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| @INTERMEDIATE CARE FACILDD | 0 | | 0 | Ś | .00 | \$ | .00 | .000 | Ś | | Ś | .00 |
| ICF DDH | 0 | | 0 | ٧ | .00 | Y | .00 | .000 | ٧ | .00 | ٧ | .00 |
| ICF DD | 0 | | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| ICF DDN/DDCN | 0 | | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| , - | 0 | | 0 | \$ | .00 | Ś | .00 | .000 | Ś | .00 | ċ | .00 |
| @HEMODIALYSIS TOTAL | 0 | | 0 | Ą | | Ş | .00 | .000 | Ą | | Ą | .00 |
| HOSPITAL BASED | 0 | | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| HEMODIALYSIS CENTER | 1 | | 22 | Ċ | .00 | ć | | | ċ | .00 | ċ | |
| @REHABILITATION FACILITY | 1 | | 22 | \$ | 490.68 | \$ | 22.30 | .073 | Ş | | \$ | 1.62 |
| HOSPITAL BASED | 0 | | | | 490.68 | | 22.30 | .073 | | 490.68 | | 1.62 |
| INDEPENDENT FACILITY | • | | 0 | <u>^</u> | .00 | <u> </u> | .00 | .000 | <u> </u> | .00 | <u> </u> | .00 |
| @LABORATORY FACILITY | 42 | | 108 | \$ | 6,512.18 | \$ | 60.30 | | \$ | | \$ | 21.49 |
| PATHOLOGY | 42 | | 108 | | 6,512.18 | | 60.30 | .356 | | 155.05 | | 21.49 |
| XO AND OTHERS | 0 | | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| @ORGANIZED OUTPATIENT CLINIC | 35 | | 54 | \$ | 7,233.37 | \$ | 133.95 | | \$ | 206.67 | Ş | 23.87 |
| CLINIC | 12 | | 19 | | 3,396.91 | | 178.78 | .063 | | 283.08 | | 11.21 |
| SURGICENTER | 0 | | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| HEROIN DETOX CLINIC | 0 | | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| RURAL HEALTH CLINIC | 25 | | 35 | | 3,836.46 | | 109.61 | .116 | | 153.46 | | 12.66 |
| #CALIF DEPT OF HEALTH SERV | | | PENDITU | RES MO | ONTH-OF-PAYMENT R | EPORT | FOR JAN | 2004 THRU | DEC | 2004 | PA | GE 1,228 |
| MOP024 | FEE-FOR-SERVICE | | | | | | | | | | | 03/14/05 |
| BUTTE COUNTY | SUMMARY OF SERV | ICES FOR | BCCTP- | TOTAL | | | | | | | | |
| 000 | | | | _ | | | | M | | | - | |
| 303 ELIGIBLES | USERS | UNITS OF | - | | EXPENDITURES | | | UNITS/DAY | - | COST PER | | OST PER |
| | | OR DAYS | | | | | | PER ELIG | | USER | | LIGIBLE |
| @ALL OTHER PROVIDERS | 12 | | 31 | \$ | 440.26 | \$ | 14.20 | .102 | Ş | 36.69 | Ş | 1.45 |
| DURABLE MED. EQUIP. | 2 | | 10 | | 43.30 | | 4.33 | .033 | | 21.65 | | .14 |
| BLOOD BANK | 0 | | 0 | | .00 | | | | | .00 | | .00 |
| HEARING AID DISPENSERS | | | | | | | .00 | .000 | | | | |
| MEDICAL TRANSPORTATION | 0 | | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| AMBULANCES/AIR TRANS | 2 | | 10 | | .00 296.31 | | .00 29.63 | .000 | | .00 148.16 | | .98 |
| | 2 2 | | 10 10 | | .00 296.31 296.31 | | .00 29.63 29.63 | .000 .033 .033 | | .00 148.16 148.16 | | .98 |
| OTHER TRANS | 2 2 0 | | 10 10 0 | | .00 296.31 296.31 .00 | | .00 29.63 29.63 .00 | .000 .033 .033 | | .00 148.16 148.16 .00 | | .98 .98 .00 |
| OTHER SERVICES | 2 2 0 0 | | 10 10 0 0 | | .00 296.31 296.31 .00 | | .00 29.63 29.63 .00 | .000 .033 .033 .000 | | .00 148.16 148.16 .00 | | .98 .98 .00 |
| OTHER SERVICES ACUPUNCTURE | 2 2 0 0 | | 10 10 0 | | .00 296.31 296.31 .00 .00 | | .00 29.63 29.63 .00 .00 | .000 .033 .033 .000 .000 | | .00 148.16 148.16 .00 .00 | | .98 .98 .00 .00 |
| OTHER SERVICES | 2 2 0 0 0 | | 10 10 0 0 0 | | .00 296.31 296.31 .00 .00 | | .00 29.63 29.63 .00 | .000 .033 .033 .000 | | .00 148.16 148.16 .00 .00 | | .98 .98 .00 |
| OTHER SERVICES ACUPUNCTURE | 2 2 0 0 0 0 | | 10 10 0 0 0 0 | | .00 296.31 296.31 .00 .00 .00 | | .00 29.63 29.63 .00 .00 .00 | .000 .033 .033 .000 .000 .000 | | .00 148.16 148.16 .00 .00 .00 | | .98 .98 .00 .00 .00 |
| OTHER SERVICES ACUPUNCTURE ADULT DAY HEALTH CARE CTR | 2 2 0 0 0 0 0 | | 10 10 0 0 0 0 0 | | .00 296.31 296.31 .00 .00 .00 | | .00 29.63 29.63 .00 .00 .00 .00 | .000 .033 .033 .000 .000 | | .00 148.16 148.16 .00 .00 .00 .00 | | .98 .98 .00 .00 .00 .00 |
| OTHER SERVICES ACUPUNCTURE ADULT DAY HEALTH CARE CTR GENETIC DISEASE TESTING IHMC, MODEL-NF, NF, AIDS, MSSP OCCUPATIONAL THERAPIST | 2 2 0 0 0 0 | | 10 10 0 0 0 0 0 | | .00 296.31 296.31 .00 .00 .00 .00 | | .00 29.63 29.63 .00 .00 .00 .00 | .000 .033 .033 .000 .000 .000 .000 | | .00 148.16 148.16 .00 .00 .00 .00 | | .98 .98 .00 .00 .00 .00 .00 |
| OTHER SERVICES ACUPUNCTURE ADULT DAY HEALTH CARE CTR GENETIC DISEASE TESTING IHMC, MODEL-NF, NF, AIDS, MSSP | 2 2 0 0 0 0 0 | | 10 10 0 0 0 0 0 0 0 | | .00 296.31 296.31 .00 .00 .00 | | .00 29.63 29.63 .00 .00 .00 .00 | .000 .033 .033 .000 .000 .000 | | .00 148.16 148.16 .00 .00 .00 .00 | | .98 .98 .00 .00 .00 .00 |
| OTHER SERVICES ACUPUNCTURE ADULT DAY HEALTH CARE CTR GENETIC DISEASE TESTING IHMC, MODEL-NF, NF, AIDS, MSSP OCCUPATIONAL THERAPIST | 2 2 0 0 0 0 0 | | 10 10 0 0 0 0 0 | | .00 296.31 296.31 .00 .00 .00 .00 | | .00 29.63 29.63 .00 .00 .00 .00 | .000 .033 .033 .000 .000 .000 .000 | | .00 148.16 148.16 .00 .00 .00 .00 | | .98 .98 .00 .00 .00 .00 .00 |
| OTHER SERVICES ACUPUNCTURE ADULT DAY HEALTH CARE CTR GENETIC DISEASE TESTING IHMC, MODEL-NF, NF, AIDS, MSSP OCCUPATIONAL THERAPIST OPTICIAN | 2 2 0 0 0 0 0 | | 10 10 0 0 0 0 0 0 0 | | .00 296.31 296.31 .00 .00 .00 .00 .00 .00 .00 .00 .00 | | .00 29.63 29.63 .00 .00 .00 .00 .00 .00 | .000 .033 .033 .000 .000 .000 .000 .000 | | .00 148.16 148.16 .00 .00 .00 .00 .00 .00 | | .98 .98 .00 .00 .00 .00 .00 .00 |
| OTHER SERVICES ACUPUNCTURE ADULT DAY HEALTH CARE CTR GENETIC DISEASE TESTING IHMC, MODEL-NF, NF, AIDS, MSSP OCCUPATIONAL THERAPIST OPTICIAN PHYSICAL THERAPIST | 2 2 0 0 0 0 0 | | 10 10 0 0 0 0 0 0 0 0 0 | | .00 296.31 296.31 .00 .00 .00 .00 .00 .00 .00 .00 .00 .0 | | .00 29.63 29.63 .00 .00 .00 .00 .00 .00 .11.47 | .000 .033 .033 .000 .000 .000 .000 .000 | | .00 148.16 148.16 .00 .00 .00 .00 .00 .00 .00 .22.93 | | .98 .98 .00 .00 .00 .00 .00 .00 .23 |
| OTHER SERVICES ACUPUNCTURE ADULT DAY HEALTH CARE CTR GENETIC DISEASE TESTING IHMC, MODEL-NF, NF, AIDS, MSSP OCCUPATIONAL THERAPIST OPTICIAN PHYSICAL THERAPIST PORTABLE X-RAY | 2 2 0 0 0 0 0 | | 10 10 0 0 0 0 0 0 0 0 0 0 | | .00 296.31 296.31 .00 .00 .00 .00 .00 .00 .00 .00 .00 .0 | | .00 29.63 29.63 .00 .00 .00 .00 .00 .00 .11.47 .00 | .000 .033 .033 .000 .000 .000 .000 .000 | | .00 148.16 148.16 .00 .00 .00 .00 .00 .00 .00 .00 .00 .0 | | .98 .98 .00 .00 .00 .00 .00 .00 .23 .00 |
| OTHER SERVICES ACUPUNCTURE ADULT DAY HEALTH CARE CTR GENETIC DISEASE TESTING IHMC, MODEL-NF, NF, AIDS, MSSP OCCUPATIONAL THERAPIST OPTICIAN PHYSICAL THERAPIST PORTABLE X-RAY PROSTHETIST/ORTHOTISTS | 2 2 0 0 0 0 0 0 0 0 0 0 0 | | 10 10 0 0 0 0 0 0 0 0 0 0 | | .00 296.31 296.31 .00 .00 .00 .00 .00 .00 .00 .00 .00 .0 | | .00 29.63 29.63 .00 .00 .00 .00 .00 .00 .00 | .000 .033 .033 .000 .000 .000 .000 .000 | | .00 148.16 148.16 .00 .00 .00 .00 .00 .00 .00 .00 .00 .0 | | .98 .98 .00 .00 .00 .00 .00 .00 .23 .00 .00 |

0

0

0

0

SPEECH AND AUDIOLOGY

NONINST BIRTHING CENTERS

HOSPICE SERVICES

PSYCHOLOGIST

.00

.00

.00

.00

.000

.000

.000

.000

.00

.00

.00

.00

.00

.00

.00

.00

.00

.00

.00

.00

| LOCAL EDUCATION AGENCIES | 0 | 0 | .00 | | 00 . | 000 | .00 | .00 |
|--|--------------|--------------------------|--------|--------|------|-----|-------------|-----------|
| EPSDT SUPPLEMENTAL SERVICE | 0 | 0 | .00 | | 00 . | 000 | .00 | .00 |
| RESPIRATORY CARE PRACT. | 0 | 0 | .00 | | 00 . | 000 | .00 | .00 |
| PED SUBACUTE REHAB/WEANING | 0 | 0 | .00 | | 00 . | 000 | .00 | .00 |
| ALL OTHER PROVIDERS | 5 | 5 | 31.85 | 6. | 37 . | 017 | 6.37 | .11 |
| @CALIF. CHILDREN SERVICES* | 0 | 0 \$ | .00 | \$. | 00 . | 000 | \$.00 | \$.00 |
| @XOVER EXCLUDING STATE HOSP** | 10 | 13 \$ | 260.85 | \$ 20. | 07 . | 043 | \$ 26.09 | \$.86 |
| Q+ MOMATO THE MILECE TIMES ARE CIVEN A | C A CEDADAME | TATEODMARITONI THEM ONLY | | | | | | |

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 1,229
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
BUTTE COUNTY SUMMARY OF SERVICES FOR QMB - ONLY AID CODE 80

| | | | | | MON | ITHLY AVERA | GE |
|---------------------------|-------|------------------|--------------|--------------|------------|-------------|----------|
| 146 ELIGIBLES | USERS | UNITS OF SERVICE | EXPENDITURES | AVERAGE COST | UNITS/DAYS | COST PER | COST PER |
| | | OR DAYS OF CARE | | PER UNIT/DAY | PER ELIG | USER | ELIGIBLE |
| @TOTAL, ALL PROVIDERS | 26 | 54 \$ | 498.66 | \$ 9.23 | .370 \$ | 19.18 | \$ 3.42 |
| @PHYSICIANS SERVICES | 16 | 33 \$ | 215.30 | \$ 6.52 | .226 \$ | 13.46 | \$ 1.47 |
| OUTPATIENT VISITS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OFFICE VISITS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| HOME VISITS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| EMERGENCY ROOM | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PREVENTIVE CARE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OB VISITS/COMPRE PERI | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OTHER OUTPATIENT | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| INPATIENT VISITS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| HOSPITAL VISITS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| CRITICAL CARE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| SNF/ICF/TRANS IP CARE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OPHTHALMOLOGICAL SERVICES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| EXAMINATIONS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| SERVICES AND MATERIALS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |

| INPATIENT HOSPITAL SURGERY | 0 | 0 | | .00 | | .00 | .000 | .00 | | .00 |
|----------------------------|--|-------------|------------|------------|-------|-----------|-----------|--------------------------|----|-----------------|
| PRINCIPAL SURGEON | 0 | 0 | | .00 | | .00 | .000 | .00 | | .00 |
| ASSISTANT SURGEON | 0 | 0 | | .00 | | .00 | .000 | .00 | | .00 |
| ANESTHESIOLOGIST | 0 | 0 | | .00 | | .00 | .000 | .00 | | .00 |
| OUTPATIENT SURGERY | 0 | 0 | | .00 | | .00 | .000 | .00 | | .00 |
| PRINCIPAL SURGEON | 0 | 0 | | .00 | | .00 | .000 | .00 | | .00 |
| ASSISTANT SURGEON | 0 | 0 | | .00 | | .00 | .000 | .00 | | .00 |
| ANESTHESIOLOGIST | 0 | 0 | | .00 | | .00 | .000 | .00 | | .00 |
| DIALYSIS | 0 | 0 | | .00 | | .00 | .000 | .00 | | .00 |
| PATHOLOGY | 0 | 0 | | .00 | | .00 | .000 | .00 | | .00 |
| RADIOLOGY | 0 | 0 | | .00 | | .00 | .000 | .00 | | .00 |
| PSYCHIATRY | 0 | 0 | | .00 | | .00 | .000 | .00 | | .00 |
| IMMUNIZATION AND INJECTION | 0 | 0 | | .00 | | .00 | .000 | .00 | | .00 |
| OTHER SERVICES/ALL X-OVERS | 16 | 33 | | 215.30 | | 6.52 | .226 | 13.46 | | 1.47 |
| @PHARMACY | 3 | 6 \$ | \$ | 56.18 | \$ | 9.36 | .041 | \$ 18.73 | \$ | .38 |
| PRESCRIPTION DRUGS | 0 | 0 | | .00 | | .00 | .000 | .00 | | .00 |
| SNF/ICF | 0 | 0 | | .00 | | .00 | .000 | .00 | | .00 |
| OUTPATIENTS | 0 | 0 | | .00 | | .00 | .000 | .00 | | .00 |
| MEDICAL SUPPLIES | 3 | 6 | | 56.18 | | 9.36 | .041 | 18.73 | | .38 |
| @DENTIST | 0 | 0 \$ | \$ | .00 | \$ | .00 | .000 | \$.00 | \$ | .00 |
| VISITS - DIAGNOSTIC | 0 | 0 | | .00 | | .00 | .000 | .00 | | .00 |
| ORAL SURGERY | 0 | 0 | | .00 | | .00 | .000 | .00 | | .00 |
| DRUGS | 0 | 0 | | .00 | | .00 | .000 | .00 | | .00 |
| ANESTHESIA | 0 | 0 | | .00 | | .00 | .000 | .00 | | .00 |
| PERIODONTICS | 0 | 0 | | .00 | | .00 | .000 | .00 | | .00 |
| ENDODONTICS | 0 | 0 | | .00 | | .00 | .000 | .00 | | .00 |
| RESTORATIVE DENTISTRY | 0 | 0 | | .00 | | .00 | .000 | .00 | | .00 |
| PROSTHETICS | 0 | 0 | | .00 | | .00 | .000 | .00 | | .00 |
| DENTURES, STAYPLATES | 0 | 0 | | .00 | | .00 | .000 | .00 | | .00 |
| SPACE MAINTAINERS | 0 | 0 | | .00 | | .00 | .000 | .00 | | .00 |
| MAXILLOFACIAL SERVICES | 0 | 0 | | .00 | | .00 | .000 | .00 | | .00 |
| FRACTURES, DISLOCATIONS | 0 | 0 | | .00 | | .00 | .000 | .00 | | .00 |
| ORTHODONTIC SERVICES | 0 | 0 | | .00 | | .00 | .000 | .00 | | .00 |
| ALL OTHER SERVICES | \cap | Ο | | .00 | | .00 | .000 | .00 | | .00 |
| #CALIF DEPT OF HEALTH SERV | U | O | | | | | | | | |
| MOP024 | MEDI-CAL SERVICES AND EX | XPENDITURES | MONTH-OF | -PAYMENT R | EPORT | FOR JAN 2 | 2004 THRU | DEC 2004 | | 1,230 |
| MOF024 | MEDI-CAL SERVICES AND EX FEE-FOR-SERVICE/DENTAL | XPENDITURES | S MONTH-OF | -PAYMENT R | EPORT | FOR JAN 2 | 2004 THRU | DEC 2004 | | 1,230 /14/05 |
| BUTTE COUNTY | | | | -PAYMENT R | | AID CODE | 80 | DEC 2004 IONTHLY AVERAG | 03 | |

| | | | | | | O - 1 - | | | |
|-------|--|--------------------|---|--|--------------------|--------------------|---|--|--|
| USERS | UNITS OF SERVICE | EXPENDITURES | AVI | ERAGE COST | UNITS/DAY | S | COST PER | | COST PER |
| | OR DAYS OF CARE | | PEI | R UNIT/DAY | PER ELIG | | USER | | ELIGIBLE |
| 0 | 0 | \$.00 | \$ | .00 | .000 | \$ | .00 | \$ | .00 |
| 0 | 0 | .00 | | .00 | .000 | | .00 | | .00 |
| 0 | 0 | .00 | | .00 | .000 | | .00 | | .00 |
| 0 | 0 | .00 | | .00 | .000 | | .00 | | .00 |
| 0 | 0 | \$.00 | \$ | .00 | .000 | \$ | .00 | \$ | .00 |
| 0 | 0 | .00 | | .00 | .000 | | .00 | | .00 |
| 0 | 0 | .00 | | .00 | .000 | | .00 | | .00 |
| 1 | 1 | \$ 24.00 | \$ | 24.00 | .007 | \$ | 24.00 | \$ | .16 |
| 0 | 0 | .00 | | .00 | .000 | | .00 | | .00 |
| 0 | 0 | .00 | | .00 | .000 | | .00 | | .00 |
| 0 | 0 | .00 | | .00 | .000 | | .00 | | .00 |
| 1 | 1 | 24.00 | | 24.00 | .007 | | 24.00 | | .16 |
| 0 | 0 | \$.00 | \$ | .00 | .000 | \$ | .00 | \$ | .00 |
| 0 | 0 | \$.00 | \$ | .00 | .000 | \$ | .00 | \$ | .00 |
| 0 | 0 | \$.00 | \$ | .00 | .000 | \$ | .00 | \$ | .00 |
| 0 | 0 | \$.00 | \$ | .00 | .000 | \$ | .00 | \$ | .00 |
| | USERS 0 0 0 0 0 0 0 1 0 0 0 0 0 0 0 0 0 0 0 | OR DAYS OF CARE 0 | OR DAYS OF CARE 0 0 \$.00 0 0 .00 0 0 .00 0 0 .00 0 0 \$.00 0 0 \$.00 0 0 .00 0 0 .00 1 1 \$ 24.00 0 0 \$.00 0 0 \$.00 0 0 \$.00 | OR DAYS OF CARE 0 0 \$.00 \$ 0 0 .00 0 0 0 .00 0 0 0 .00 0 0 0 \$.00 \$ 0 0 .00 \$ 0 0 .00 0 0 0 .00 0 1 1 \$ 24.00 \$ 0 0 \$.00 0 1 1 1 24.00 \$ 0 0 \$.00 \$ 0 0 \$.00 \$ 0 0 \$.00 \$ 0 0 \$.00 \$ 0 0 \$.00 \$ 0 0 \$.00 \$ 0 0 \$.00 \$ 0 0 \$.00 \$ 0 0 \$.00 \$ 0 0 0 .00 \$ 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 | OR DAYS OF CARE 0 | OR DAYS OF CARE 0 | OR DAYS OF CARE PER UNIT/DAY PER ELIG 0 0 \$.00 \$.00 .000 .000 \$ 0 0 .00 .00 .00 .00 .000 | OR DAYS OF CARE PER UNIT/DAY PER ELIG USER 0 0 \$.00 \$.00 | OR DAYS OF CARE PER UNIT/DAY PER ELIG USER 0 0 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00< |

| TIMILDI NONDO TIMICITITONON | 0 | 0 | ~ | • 0 0 | ~ | • 0 0 | • 0 0 0 9 | . 0 0 | Υ | • 0 0 |
|-----------------------------|-----------------|----------------|------------|--------------|----------|--------------|----------------|-----------|------|----------|
| @TOTAL HOSPITAL | 8 | 13 | \$ | 180.18 | \$ | 13.86 | .089 \$ | 22.52 | \$ | 1.23 |
| HOSP INPATIENT TOTAL | 0 | 0 | | .00 | | .00 | .000 | .00 | | .00 |
| HSC HOSPITALS | 0 | 0 | | .00 | | .00 | .000 | .00 | | .00 |
| NON-HSC HOSPITAL TOTAL | 0 | 0 | | .00 | | .00 | .000 | .00 | | .00 |
| ACCOMMODATIONS | 0 | 0 | | .00 | | .00 | .000 | .00 | | .00 |
| ADMINISTRATIVE DAYS | 0 | 0 | | .00 | | .00 | .000 | .00 | | .00 |
| TRANSITIONAL IP CARE | 0 | 0 | | .00 | | .00 | .000 | .00 | | .00 |
| ALL OTHER ACCOM | 0 | 0 | | .00 | | .00 | .000 | .00 | | .00 |
| | 0 | 0 | | | | .00 | .000 | .00 | | .00 |
| ANCILLARIES | 0 | 0 | | .00 | | | | | | |
| INPATIENT CROSSOVERS | 0 | | | .00 | | .00 | .000 | .00 | | .00 |
| ALL OTHER INPATIENT | U | 0 | | .00 | | .00 | .000 | .00 | | .00 |
| HOSP OUTPATIENT TOTAL | 8 | 13 | | 180.18 | | 13.86 | .089 | 22.52 | | 1.23 |
| MEDICAL | 0 | 0 | | .00 | | .00 | .000 | .00 | | .00 |
| SURGERY | 0 | 0 | | .00 | | .00 | .000 | .00 | | .00 |
| PATHOLOGY | 0 | 0 | | .00 | | .00 | .000 | .00 | | .00 |
| RADIOLOGY | 0 | 0 | | .00 | | .00 | .000 | .00 | | .00 |
| ROOM USE | 0 | 0 | | .00 | | .00 | .000 | .00 | | .00 |
| CROSSOVERS/ALL OTH OUTPINT | 8 | 13 | | 180.18 | | 13.86 | .089 | 22.52 | | 1.23 |
| @COUNTY HOSPITAL TOTAL | 0 | 0 | \$ | .00 | \$ | .00 | .000 \$ | .00 | \$ | .00 |
| CO HOSPITAL INPATIENT TOTAL | 0 | 0 | | .00 | | .00 | .000 | .00 | | .00 |
| HSC HOSPITALS | 0 | 0 | | .00 | | .00 | .000 | .00 | | .00 |
| NON-HSC HOSPITALS TOTAL | 0 | 0 | | .00 | | .00 | .000 | .00 | | .00 |
| ACCOMMODATIONS | 0 | 0 | | .00 | | .00 | .000 | .00 | | .00 |
| ADMINISTRATIVE DAYS | 0 | 0 | | .00 | | .00 | .000 | .00 | | .00 |
| TRANSITIONAL IP CARE | 0 | 0 | | .00 | | .00 | .000 | .00 | | .00 |
| ALL OTHER ACCOM | 0 | 0 | | .00 | | .00 | .000 | .00 | | .00 |
| ANCILLARIES | 0 | 0 | | .00 | | .00 | .000 | .00 | | .00 |
| INPATIENT CROSSOVERS | 0 | 0 | | .00 | | .00 | .000 | .00 | | .00 |
| ALL OTHER INPATIENT | 0 | 0 | | .00 | | .00 | .000 | .00 | | .00 |
| CO HOSP OUTPATIENT TOTAL | 0 | Û | | .00 | | .00 | .000 | .00 | | .00 |
| MEDICAL | 0 | 0 | | .00 | | .00 | .000 | .00 | | .00 |
| SURGERY | 0 | 0 | | .00 | | .00 | .000 | .00 | | .00 |
| PATHOLOGY | 0 | Û | | .00 | | .00 | .000 | .00 | | .00 |
| RADIOLOGY | 0 | Û | | .00 | | .00 | .000 | .00 | | .00 |
| ROOM USE | 0 | Û | | .00 | | .00 | .000 | .00 | | .00 |
| CROSSOVERS/ALL OTH OUTPTNT | 0 | 0 | | .00 | | .00 | .000 | .00 | | .00 |
| #CALIF DEPT OF HEALTH SERV | | | TRES MO | | EPORT | | | | PA | |
| MOP024 | FEE-FOR-SERVICE | | J1(IIO 110 | | CDI OICI | 1010 01110 2 | LOGI IIIKO DEG | 2001 | | 03/14/05 |
| BUTTE COUNTY | SUMMARY OF SERV | | ONT.Y | | | AID CODE | 80 | | | 03/11/03 |
| BOITE COONT | DOIMING OF DERV | ICEO TON QUE | ONLL | | | MID CODE | MONT | HIY AVERA | GE - | |
| 146 ELIGIBLES | USERS | UNITS OF SERVI | ~F | EXPENDITURES | 7/1/2 | RACE COST | UNITS/DAYS | | | OST PER |
| 140 EDIGIDDES | OSERS | OR DAYS OF CAR | | EXTENDITORES | | | PER ELIG | USER | | LIGIBLE |
| @COMMUNITY HOSPITAL TOTAL | Q | 13 | \$ | 180.18 | | 13.86 | .089 \$ | | | 1.23 |
| COMM HOSP INPATIENT TOTAL | 0 | 0 | Y | .00 | Ÿ | .00 | .000 | .00 | Ÿ | .00 |
| HSC HOSPITALS | 0 | 0 | | .00 | | .00 | .000 | .00 | | .00 |
| NON-HSC HOSPITALS TOTAL | 0 | 0 | | .00 | | .00 | .000 | .00 | | .00 |
| | 0 | 0 | | | | | | | | |
| ACCOMMODATIONS | U | 0 | | .00 | | .00 | .000 | .00 | | .00 |
| ADMINISTRATIVE DAYS | U | 0 | | .00 | | .00 | .000 | .00 | | |
| TRANSITIONAL IP CARE | U | 0 | | .00 | | | | | | .00 |
| ALL OTHER ACCOM | U | 0 | | .00 | | .00 | .000 | .00 | | .00 |
| ANCILLARIES | 0 | 0 | | .00 | | .00 | .000 | .00 | | .00 |
| | | | | | | | | | | |

.00

.00

.00

180.18

.00

.00

.00

13.86

.000

.000

.089

.000

.00

.00

.00

22.52

.00

.00

1.23

.00

0 \$.00 \$.00

0

0

8

0

13

0

FAMILY NURSE PRACTITIONER

INPATIENT CROSSOVERS

COMM HOSP OUTPATIENT TOTAL

ALL OTHER INPATIENT

MEDICAL

.000 \$.00 \$

.00

| SURGERY | 0 | 0 | | .00 | | .00 | .000 |) | .00 | | .00 |
|------------------------------|--------------------------|----------|--------|-------------------|-------|----------|----------|-------|-----------|------|---------|
| PATHOLOGY | 0 | 0 | | .00 | | .00 | .000 |) | .00 | | .00 |
| RADIOLOGY | 0 | 0 | | .00 | | .00 | .000 |) | .00 | | .00 |
| ROOM USE | 0 | 0 | | .00 | | .00 | .000 |) | .00 | | .00 |
| CROSSOVERS/ALL OTH OUTPTNT | 8 | 13 | | 180.18 | | 13.86 | .089 |) | 22.52 | | 1.23 |
| @STATE HOSPITAL | 0 | 0 | \$ | .00 | \$ | .00 | .000 |) \$ | .00 | \$ | .00 |
| MENTALLY ILL | 0 | 0 | | .00 | | .00 | .000 |) | .00 | | .00 |
| DEVELOP. DISABLED | 0 | 0 | | .00 | | .00 | .000 |) | .00 | | .00 |
| @NURSING FACILITY | 0 | 0 | \$ | .00 | \$ | .00 | .000 |) \$ | .00 | \$ | .00 |
| LEV A-INTERMEDIATE | 0 | 0 | | .00 | | .00 | .000 |) | .00 | | .00 |
| LEV B-REHAB MD | 0 | 0 | | .00 | | .00 | .000 |) | .00 | | .00 |
| LEV B-SUBACUTE FREESTANDING | 0 | 0 | | .00 | | .00 | .000 |) | .00 | | .00 |
| LEV B-SUBACUTE HSPTL BASED | 0 | 0 | | .00 | | .00 | .000 |) | .00 | | .00 |
| LEV B-TRANSITIONAL IP CARE | 0 | 0 | | .00 | | .00 | .000 |) | .00 | | .00 |
| LEV B-REGULAR | 0 | 0 | | .00 | | .00 | .000 |) | .00 | | .00 |
| @INTERMEDIATE CARE FACILDD | 0 | 0 | \$ | .00 | \$ | .00 | .000 |) \$ | .00 | \$ | .00 |
| ICF DDH | 0 | 0 | | .00 | | .00 | .000 |) | .00 | | .00 |
| ICF DD | 0 | 0 | | .00 | | .00 | .000 |) | .00 | | .00 |
| ICF DDN/DDCN | 0 | 0 | | .00 | | .00 | .000 |) | .00 | | .00 |
| @HEMODIALYSIS TOTAL | 0 | 0 | \$ | .00 | \$ | .00 | .000 |) \$ | .00 | \$ | .00 |
| HOSPITAL BASED | 0 | 0 | | .00 | | .00 | .000 |) | .00 | | .00 |
| HEMODIALYSIS CENTER | 0 | 0 | | .00 | | .00 | .000 |) | .00 | | .00 |
| @REHABILITATION FACILITY | 0 | 0 | \$ | .00 | \$ | .00 | .000 |) \$ | .00 | \$ | .00 |
| HOSPITAL BASED | 0 | 0 | | .00 | | .00 | .000 |) | .00 | | .00 |
| INDEPENDENT FACILITY | 0 | 0 | | .00 | | .00 | .000 |) | .00 | | .00 |
| @LABORATORY FACILITY | 0 | 0 | \$ | .00 | \$ | .00 | .000 |) \$ | .00 | \$ | .00 |
| PATHOLOGY | 0 | 0 | | .00 | | .00 | .000 |) | .00 | | .00 |
| XO AND OTHERS | 0 | 0 | | .00 | | .00 | .000 |) | .00 | | .00 |
| @ORGANIZED OUTPATIENT CLINIC | 1 | 1 | \$ | 23.00 | \$ | 23.00 | .00 | 7 \$ | 23.00 | \$ | .16 |
| CLINIC | 0 | 0 | | .00 | | .00 | .000 |) | .00 | | .00 |
| SURGICENTER | 0 | 0 | | .00 | | .00 | .000 |) | .00 | | .00 |
| HEROIN DETOX CLINIC | 0 | 0 | | .00 | | .00 | .000 |) | .00 | | .00 |
| RURAL HEALTH CLINIC | 1 | 1 | | 23.00 | | 23.00 | .00 | 7 | 23.00 | | .16 |
| #CALIF DEPT OF HEALTH SERV | MEDI-CAL SERVICES AND EX | PENDITU: | RES MO | ONTH-OF-PAYMENT R | EPORT | FOR JAN | 2004 THR | J DEC | 2004 | PAGE | 1,232 |
| MOP024 | FEE-FOR-SERVICE/DENTAL | | | | | | | | | 0 | 3/14/05 |
| BUTTE COUNTY | SUMMARY OF SERVICES FOR | QMB - | ONLY | | | AID CODE | 80 | | | | |
| | | | | | | | | INOM | HLY AVERA | GE | |

| | | | | | MON' | I'HLY AVERAG | E |
|--------------------------------|-------|------------------|--------------|--------------|------------|--------------|----------|
| 146 ELIGIBLES | USERS | UNITS OF SERVICE | EXPENDITURES | AVERAGE COST | UNITS/DAYS | COST PER | COST PER |
| | | OR DAYS OF CARE | | PER UNIT/DAY | PER ELIG | USER | ELIGIBLE |
| @ALL OTHER PROVIDERS | 0 | 0 \$ | .00 | \$.00 | .000 \$ | .00 | \$.00 |
| DURABLE MED. EQUIP. | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| BLOOD BANK | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| HEARING AID DISPENSERS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| MEDICAL TRANSPORTATION | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| AMBULANCES/AIR TRANS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OTHER TRANS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OTHER SERVICES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ACUPUNCTURE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ADULT DAY HEALTH CARE CTR | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| GENETIC DISEASE TESTING | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| IHMC, MODEL-NF, NF, AIDS, MSSP | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OCCUPATIONAL THERAPIST | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OPTICIAN | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PHYSICAL THERAPIST | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PORTABLE X-RAY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PROSTHETIST/ORTHOTISTS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| | | | | | | | |

| PROSTHETICS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
|-------------------------------|----|----|--------------|------------|------|-------------|------------|
| ORTHOTICS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PSYCHOLOGIST | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| SPEECH AND AUDIOLOGY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| HOSPICE SERVICES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| NONINST BIRTHING CENTERS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| LOCAL EDUCATION AGENCIES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| EPSDT SUPPLEMENTAL SERVICE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| RESPIRATORY CARE PRACT. | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PED SUBACUTE REHAB/WEANING | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER PROVIDERS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| @CALIF. CHILDREN SERVICES* | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 |
| @XOVER EXCLUDING STATE HOSP** | 26 | 54 | \$ 498.66 | \$ 9.23 | .370 | \$ 19.18 | \$ 3.42 |
| | | | | | | | |

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

MOP024

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 1,233 FEE-FOR-SERVICE/DENTAL

03/14/05

BUTTE COUNTY SUMMARY OF SERVICES FOR 133% PROGRAM AID CODES 72 74 8N 8P

| DOTTE COUNTY | SUMMANT OF SEN | VICES FOR 155% FROGRAM | AID (| CODES /2 /4 ON | | | |
|----------------------------|----------------|------------------------|--------------|----------------|----------|----------|----------|
| | | | | | MON | | |
| 5,570 ELIGIBLES | USERS | UNITS OF SERVICE | EXPENDITURES | AVERAGE COST | | COST PER | COST PER |
| | | OR DAYS OF CARE | | PER UNIT/DAY | | USER | ELIGIBLE |
| @TOTAL, ALL PROVIDERS | 2,235 | 11,419 \$ | | \$ 34.41 | 2.050 \$ | | |
| @PHYSICIANS SERVICES | 402 | 901 \$ | 28,473.50 | | .162 \$ | | |
| OUTPATIENT VISITS | 279 | 359 | 12,484.43 | 34.78 | .064 | | 2.24 |
| OFFICE VISITS | 237 | 309 | 10,111.91 | 32.72 | .055 | | 1.82 |
| HOME VISITS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| EMERGENCY ROOM | 38 | 41 | 2,058.33 | 50.20 | .007 | 54.17 | .37 |
| PREVENTIVE CARE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OB VISITS/COMPRE PERI | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OTHER OUTPATIENT | 9 | 9 | 314.19 | 34.91 | .002 | 34.91 | .06 |
| INPATIENT VISITS | 13 | 29 | 1,693.67 | 58.40 | .005 | 130.28 | .30 |
| HOSPITAL VISITS | 13 | 28 | 1,561.00 | 55.75 | .005 | 120.08 | .28 |
| CRITICAL CARE | 1 | 1 | 132.67 | 132.67 | .000 | 132.67 | .02 |
| SNF/ICF/TRANS IP CARE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OPHTHALMOLOGICAL SERVICES | 11 | 16 | 657.60 | 41.10 | .003 | 59.78 | .12 |
| EXAMINATIONS | 11 | 16 | 657.60 | 41.10 | .003 | 59.78 | .12 |
| SERVICES AND MATERIALS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| INPATIENT HOSPITAL SURGERY | 1 | 1 | 168.65 | 168.65 | .000 | 168.65 | .03 |
| PRINCIPAL SURGEON | 1 | 1 | 168.65 | 168.65 | .000 | 168.65 | .03 |
| ASSISTANT SURGEON | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ANESTHESIOLOGIST | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OUTPATIENT SURGERY | 43 | 203 | 7,149.13 | 35.22 | .036 | 166.26 | 1.28 |
| PRINCIPAL SURGEON | 28 | 40 | 4,202.10 | 105.05 | .007 | 150.08 | .75 |
| ASSISTANT SURGEON | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ANESTHESIOLOGIST | 18 | 163 | 2,947.03 | 18.08 | .029 | 163.72 | .53 |
| DIALYSIS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PATHOLOGY | 22 | 26 | 238.70 | 9.18 | .005 | 10.85 | .04 |
| RADIOLOGY | 80 | 103 | 1,431.61 | 13.90 | .018 | 17.90 | .26 |
| PSYCHIATRY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| IMMUNIZATION AND INJECTION | 2 | 4 | 113.84 | 28.46 | .001 | 56.92 | .02 |
| OTHER SERVICES/ALL X-OVERS | 61 | 160 | 4,535.87 | 28.35 | .029 | 74.36 | .81 |
| @PHARMACY | 960 | 2,416 \$ | 90,818.77 | \$ 37.59 | .434 \$ | 94.60 | \$ 16.30 |
| PRESCRIPTION DRUGS | 951 | 1,793 | 86,042.25 | 47.99 | .322 | 90.48 | 15.45 |
| SNF/ICF | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OUTPATIENTS | 951 | 1,793 | 86,042.25 | 47.99 | .322 | 90.48 | 15.45 |
| | | | | | | | |

| MEDICAL SUPPLIES | 17 | 623 | 4,776.52 | 7.67 | .112 | 280.97 | .86 |
|-------------------------------|------------------|-------------------------|-----------------|-----------------|-----------------|--------------|---------------|
| @DENTIST | 136 | 694 \$ | 21,711.52 | \$ 31.28 | .125 \$ | | |
| VISITS - DIAGNOSTIC | 116 | 359 | 6,094.00 | 16.97 | .064 | 52.53 | 1.09 |
| ORAL SURGERY | 15 | 39 | 1,176.87 | 30.18 | .007 | 78.46 | .21 |
| DRUGS | 22 | 24 | 550.00 | 22.92 | .004 | 25.00 | .10 |
| ANESTHESIA | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PERIODONTICS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ENDODONTICS | 16 | 34 | 2,130.00 | 62.65 | .006 | 133.13 | .38 |
| RESTORATIVE DENTISTRY | 52 | 229 | 11,400.65 | 49.78 | .041 | 219.24 | 2.05 |
| PROSTHETICS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| DENTURES, STAYPLATES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| SPACE MAINTAINERS | 3 | 5 | 360.00 | 72.00 | .001 | 120.00 | .06 |
| MAXILLOFACIAL SERVICES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| FRACTURES, DISLOCATIONS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ORTHODONTIC SERVICES | 0 | 1 | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER SERVICES | 4 | 3 | .00 | .00 | .001 | .00 | .00 |
| #CALIF DEPT OF HEALTH SERV | MEDI-CAL SERVIC | ES AND EXPENDITURES MON | TH-OF-PAYMENT R | EPORT FOR JAN 2 | 2004 THRU DE | C 2004 | PAGE 1,234 |
| MOP024 | FEE-FOR-SERVICE | /DENTAL | | | | | 03/14/05 |
| BUTTE COUNTY | SUMMARY OF SERV | ICES FOR 133% PROGRAM | AID | CODES 72 74 8N | 8P | | |
| | | | | | MON | THLY AVERA | GE |
| 5,570 ELIGIBLES | USERS | UNITS OF SERVICE | EXPENDITURES | AVERAGE COST | UNITS/DAYS | COST PER | COST PER |
| | | OR DAYS OF CARE | | PER UNIT/DAY | PER ELIG | USER | ELIGIBLE |
| @OPTOMETRIST | 9 | 15 \$ | 329.45 | \$ 21.96 | .003 \$ | 36.61 | \$.06 |
| DIAGNOSTIC AND ANC. PROCED | 5 | 7 | 222.60 | 31.80 | .001 | 44.52 | .04 |
| EYE APPLIANCES | 3 | 7 | 82.85 | 11.84 | .001 | 27.62 | .01 |
| OTHER OPTOMETRIC SERVICES | 1 | 1 | 24.00 | 24.00 | .000 | 24.00 | .00 |
| @CHIROPRACTOR | 0 | 0 \$ | .00 | \$.00 | .000 \$ | .00 | \$.00 |
| o o | | 0 | .00 | .00 | .000 | .00 | .00 |
| VISITS | 0 | U | .00 | .00 | .000 | .00 | .00 |
| OTHER SERVICES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OTHER SERVICES @PODIATRIST | 0 0 2 | 0 2 \$ | .00 52.36 | .00 \$ 26.18 | .000 .000 \$ | .00 26.18 | .00 \$.01 |
| OTHER SERVICES | 0 0 2 2 | 0 2 2 2 | .00 | .00 | .000 | .00 | .00 |

| RADIO./PATHOLOGY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
|------------------------------|------------------|--------------------------|-----------------|-----------------|--------------|-------------|---|
| OTHER | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| @HOME HEALTH AGENCY | 8 | 10 \$ | 696.34 | \$ 69.63 | .002 | | |
| NURSE ANESTHESIST | 9 | 70 \$ | 904.79 | \$ 12.93 | .013 | | \$.16 |
| | 0 | 0 \$ | .00 | \$.00 | .000 | | \$.00 |
| NURSE MIDWIFE | • | 0 \$ | .00 | \$.00 | | | |
| PEDIATRIC NURSE PRACTITIONER | 0 | 0 \$ 0 \$ | | | | | , |
| FAMILY NURSE PRACTITIONER | 706 | | .00 | \$.00 | .000 \$ | | \$.00 |
| @TOTAL HOSPITAL | | 2,095 \$ | 115,642.50 | | .376 | | |
| HOSP INPATIENT TOTAL | 15 | 31 | 46,122.14 | 1487.81 | .006 | 3074.81 | 8.28 |
| HSC HOSPITALS | 2 | 6 | 10,080.00 | 1680.00 | .001 | 5040.00 | 1.81 |
| NON-HSC HOSPITAL TOTAL | 13 | 25 | 36,042.14 | 1441.69 | .004 | 2772.47 | 6.47 |
| ACCOMMODATIONS | 13 | 25 | 15,388.81 | 615.55 | .004 | 1183.75 | 2.76 |
| ADMINISTRATIVE DAYS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| TRANSITIONAL IP CARE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER ACCOM | 13 | 25 | 15,388.81 | 615.55 | .004 | 1183.75 | 2.76 |
| ANCILLARIES | 13 | 0 | 20,653.33 | .00 | .000 | 1588.72 | 3.71 |
| INPATIENT CROSSOVERS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER INPATIENT | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| HOSP OUTPATIENT TOTAL | 699 | 2,064 | 69,520.36 | 33.68 | .371 | 99.46 | 12.48 |
| MEDICAL | 476 | 674 | 26,667.81 | 39.57 | .121 | 56.02 | 4.79 |
| SURGERY | 52 | 64 | 3,853.33 | 60.21 | .011 | 74.10 | .69 |
| PATHOLOGY | 100 | 231 | 2,653.57 | 11.49 | .041 | 26.54 | .48 |
| RADIOLOGY | 60 | 76 | 2,157.10 | 28.38 | .014 | 35.95 | .39 |
| ROOM USE | 579 | 772 | 30,173.32 | 39.08 | .139 | 52.11 | 5.42 |
| CROSSOVERS/ALL OTH OUTPINT | 161 | 247 | 4,015.23 | 16.26 | .044 | 24.94 | .72 |
| @COUNTY HOSPITAL TOTAL | 0 | 0 \$ | .00 | \$.00 | .000 \$ | | \$.00 |
| CO HOSPITAL INPATIENT TOTAL | | 0 | .00 | .00 | .000 | .00 | .00 |
| HSC HOSPITALS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| NON-HSC HOSPITALS TOTAL | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ACCOMMODATIONS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ADMINISTRATIVE DAYS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| TRANSITIONAL IP CARE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER ACCOM | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ANCILLARIES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| INPATIENT CROSSOVERS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER INPATIENT | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| CO HOSP OUTPATIENT TOTAL | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| MEDICAL | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| SURGERY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PATHOLOGY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| RADIOLOGY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ROOM USE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| CROSSOVERS/ALL OTH OUTPINT | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| #CALIF DEPT OF HEALTH SERV | MEDI-CAL SERVICE | ES AND EXPENDITURES MON' | TH-OF-PAYMENT R | EPORT FOR JAN 2 | 2004 THRU DE | C 2004 | PAGE 1,235 |
| MOP024 | FEE-FOR-SERVICE | DENTAL | | | | | 03/14/05 |
| BUTTE COUNTY | SUMMARY OF SERV | ICES FOR 133% PROGRAM | AID | CODES 72 74 8N | 8P | | |
| | | | | | | ITHLY AVERA | .GE |
| 5,570 ELIGIBLES | USERS | UNITS OF SERVICE | EXPENDITURES | AVERAGE COST | | COST PER | COST PER |
| | | OR DAYS OF CARE | | PER UNIT/DAY | | USER | ELIGIBLE |
| @COMMUNITY HOSPITAL TOTAL | 706 | 2 , 095 \$ | 115,642.50 | \$ 55.20 | .376 | | |
| COMM HOSP INPATIENT TOTAL | 15 | 31 | 46,122.14 | 1487.81 | .006 | 3074.81 | 8.28 |
| HSC HOSPITALS | 2 | 6 | 10,080.00 | 1680.00 | .001 | 5040.00 | 1.81 |
| NON-HSC HOSPITALS TOTAL | 13 | 25 | 36,042.14 | 1441.69 | .004 | 2772.47 | 6.47 |
| ACCOMMODATIONS | 13 | 25 | 15,388.81 | 615.55 | .004 | 1183.75 | 2.76 |
| ADMINISTRATIVE DAYS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| TRANSITIONAL IP CARE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| | | | | | | | |

| ALL OTHER ACCOM | 13 | 25 | | 15,388.81 | | 615.55 | .004 | | 1183.75 | | 2.76 |
|------------------------------|------------------|-------------------|----------|--------------------------------------|-----------|------------|----------|---------|-----------|----|-----------|
| ANCILLARIES | 13 | 0 | | 20,653.33 | | .00 | .000 | | 1588.72 | | 3.71 |
| INPATIENT CROSSOVERS | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| ALL OTHER INPATIENT | 0 | 0 2,064 | | .00 .00 69,520.36 26.667.81 | | .00 | .000 | | .00 | | .00 |
| COMM HOSP OUTPATIENT TOTAL | 699 | 2,064 | | 69,520.36 | | 33.68 | .371 | | 99.46 | | 12.48 |
| MEDICAL | 476 | 674 | | 26,667.81 | | 39.57 | .121 | | 56.02 | | 4.79 |
| SURGERY | 52 | 64 | | 3,853.33 | | 60.21 | .011 | | 74.10 | | .69 |
| PATHOLOGY | 100 | 231 | | 2,653.57 | | 11.49 | .041 | | 26.54 | | .48 |
| RADIOLOGY | 60 | 76 | | 2,157.10 | | 28.38 | .014 | | 35.95 | | .39 |
| ROOM USE | 579 | 772 | | 30,173.32 | | 39.08 | .139 | | 52.11 | | 5.42 |
| CROSSOVERS/ALL OTH OUTPTNT | 161 | 247 | | 4,015.23 | | 16.26 | .044 | | 24.94 | | .72 |
| @STATE HOSPITAL | 0 | 0 | \$ | .00 | \$ | .00 | .000 | | .00 | Ś | .00 |
| MENTALLY ILL | 0 | Ō | | .00 | | .00 | .000 | | .00 | ' | .00 |
| DEVELOP. DISABLED | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| @NURSING FACILITY | 0 | 0 | \$ | .00 | \$ | .00 | .000 | | .00 | Ś | .00 |
| LEV A-INTERMEDIATE | 0 | 0 | Y | .00 | Y | .00 | .000 | | .00 | ٧ | .00 |
| LEV B-REHAB MD | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| | • | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| LEV B-SUBACUTE FREESTANDING | 0 | 0 | | | | | | | | | |
| LEV B-SUBACUTE HSPTL BASED | 0 | | | .00 | | .00 | .000 | | .00 | | .00 |
| LEV B-TRANSITIONAL IP CARE | U | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| LEV B-REGULAR | Ü | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| @INTERMEDIATE CARE FACILDD | 0 | 0 | \$ | .00 | \$ | .00 | .000 | | .00 | Ş | .00 |
| ICF DDH | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| ICF DD | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| ICF DDN/DDCN | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| @HEMODIALYSIS TOTAL | 0 | 0 | \$ | .00 | \$ | .00 | .000 | \$ | .00 | \$ | .00 |
| HOSPITAL BASED | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| HEMODIALYSIS CENTER | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| @REHABILITATION FACILITY | 2 | 54 | \$ | 1,027.94 | \$ | 19.04 | .010 | \$ | 513.97 | \$ | .18 |
| HOSPITAL BASED | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| INDEPENDENT FACILITY | 2 | 54 | | 1,027.94 | | 19.04 | .010 | | 513.97 | | .18 |
| @LABORATORY FACILITY | 48 | 75 | \$ | 849.29 | \$ | 11.32 | .013 | Ś | 17.69 | Ś | .15 |
| PATHOLOGY | 48 | 75 | | 849.29 | | 11.32 | .013 | | 17.69 | ' | .15 |
| XO AND OTHERS | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| @ORGANIZED OUTPATIENT CLINIC | 687 | 925 | \$ | 107,818.58 | Ś | | | | 156.94 | Ś | 19.36 |
| CLINIC | 6 | 6 | т | 863.54 | | 143.92 | .001 | | 143.92 | т | .16 |
| SURGICENTER | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| HEROIN DETOX CLINIC | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| RURAL HEALTH CLINIC | 681 | 919 | | 106,955.04 | | 116.38 | .165 | | 157.06 | | 19.20 |
| #CALIF DEPT OF HEALTH SERV | MEDI-CAL SERVICE | | IDEC MO | | | | | | | D7 | AGE 1,236 |
| MOP024 | FEE-FOR-SERVICE | | UKES MO. | NIH-OF-FAIMENI I | KEPOKI | FOR JAN | 2004 IRK | DEC | 2004 | r. | 03/14/05 |
| BUTTE COUNTY | SUMMARY OF SERVI | | | 7.10 | CODEC | 72 74 ON | r 0D | | | | 03/14/03 |
| BUTTE COUNTY | SUMMARY OF SERVI | CES FOR 133% | PROGRAM | AID | CODES | /2 /4 81 | | N/ONTH! | HLY AVERA | CE | |
| F F70 BLIGIBLES | HOEDO | INITES OF SERVICE | α.Π. | | 3 7 7 7 7 | D7.0E 000E | | | | - | |
| 5,570 ELIGIBLES | USERS | UNITS OF SERVI | | EXPENDITURES | | | | | | | COST PER |
| | 0.0.6 | OR DAYS OF CAL | | 04 506 56 | | | PER ELI | | USER | | ELIGIBLE |
| @ALL OTHER PROVIDERS | 206 | 4,162 | \$ | 24,586.76 | \$ | | | | 119.35 | | 4.41 |
| DURABLE MED. EQUIP. | 16 | 16 | | 2,057.25 | | | | | 128.58 | | |
| BLOOD BANK | 4 | 3 , 552 | | 10,656.00 | | 3.00 | .638 | | 2664.00 | | 1.91 |
| HEARING AID DISPENSERS | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| MEDICAL TRANSPORTATION | 13 | 58 | | 1,511.22 | | 26.06 | .010 | | 116.25 | | .27 |
| AMBULANCES/AIR TRANS | 13 | 58 | | 1,511.22 | | 26.06 | .010 | | 116.25 | | .27 |
| OTHER TRANS | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| OTHER SERVICES | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| ACUPUNCTURE | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| ADULT DAY HEALTH CARE CTR | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| GENETIC DISEASE TESTING | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| | - | ŭ | | | | | | | | | |

| IHMC, MODEL-NF, NF, AIDS, MSSP | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
|--------------------------------|-----|-----|-----------------|--------------|------|--------------|------------|
| OCCUPATIONAL THERAPIST | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OPTICIAN | 5 | 11 | 85.01 | 7.73 | .002 | 17.00 | .02 |
| PHYSICAL THERAPIST | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PORTABLE X-RAY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PROSTHETIST/ORTHOTISTS | 3 | 5 | 1,252.85 | 250.57 | .001 | 417.62 | .22 |
| PROSTHETICS | 3 | 5 | 1,252.85 | 250.57 | .001 | 417.62 | .22 |
| ORTHOTICS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PSYCHOLOGIST | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| SPEECH AND AUDIOLOGY | 42 | 101 | 4,544.09 | 44.99 | .018 | 108.19 | .82 |
| HOSPICE SERVICES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| NONINST BIRTHING CENTERS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| LOCAL EDUCATION AGENCIES | 125 | 418 | 4,455.68 | 10.66 | .075 | 35.65 | .80 |
| EPSDT SUPPLEMENTAL SERVICE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| RESPIRATORY CARE PRACT. | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PED SUBACUTE REHAB/WEANING | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER PROVIDERS | 1 | 1 | 24.66 | 24.66 | .000 | 24.66 | .00 |
| @CALIF. CHILDREN SERVICES* | 42 | 234 | \$ 26,693.86 | \$ 114.08 | .042 | \$ 635.57 | \$ 4.79 |
| @XOVER EXCLUDING STATE HOSP** | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 |

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 1,237
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
BUTTE COUNTY SUMMARY OF SERVICES FOR 100% PROGRAM AID CODES 7A 7C 8R 8T

----- MONTHLY AVERAGE -----6,043 ELIGIBLES USERS EXPENDITURES UNITS OF SERVICE AVERAGE COST UNITS/DAYS COST PER PER UNIT/DAY PER ELIG OR DAYS OF CARE USER ELIGIBLE 2,308 227.56 \$ @TOTAL, ALL PROVIDERS 10,153 525,201.77 \$ 51.73 1.680 \$ 86.91 @PHYSICIANS SERVICES 417 998 40,881.80 \$ 40.96 .165 \$ 98.04 \$ 6.77 229 271 11,205.91 41.35 48.93 OUTPATIENT VISITS .045 1.85 37.42 .00 63.45 187 213 42.62 OFFICE VISITS 7,969.91 .035 1.32 HOME VISITS 0 0 .00 .000 .00 .00 2,093.71 31 33 EMERGENCY ROOM .005 67.54 1 54.83 54.83 .000 54.83 PREVENTIVE CARE OB VISITS/COMPRE PERI 5 12 545.00 43.21 67.39 48.16 45.42 .002 109.00 .09 12 12 OTHER OUTPATIENT 542.46 .002 45.21 .09 19 41 .007 145.41 INPATIENT VISITS 2,762.79 18 3 HOSPITAL VISITS 34 1,637.52 .006 90.97 .27 3 CRITICAL CARE 1,125.27 160.75 .001 375.09 .19 0 .00 .00 .00 0 .000 SNF/ICF/TRANS IP CARE 23 23 993.06 43.18 .004 43.18 OPHTHALMOLOGICAL SERVICES .16 23 EXAMINATIONS 993.06 43.18 .004 43.18 .16 0 SERVICES AND MATERIALS .00 .00 .000 .00 .00 95 9,760.87 INPATIENT HOSPITAL SURGERY 10 102.75 .016 976.09 1.62 18 9 8,358.03 464.34 .003 928.67 PRINCIPAL SURGEON 0 .00 .00 .000 .00 ASSISTANT SURGEON ANESTHESIOLOGIST 3 77 1,402.84 18.22 .013 467.61 .23 32 89 6,335.50 71.19 197.98 OUTPATIENT SURGERY .015 1.05 28 33 159.10 PRINCIPAL SURGEON .005 187.51 5,250.37 1 1 59.57 ASSISTANT SURGEON 59.57 .000 59.57 .01 5.5 1,025.56 18.65 146.51 ANESTHESIOLOGIST .009 . 17 .00 .00 .000 .00 DIALYSIS 27 37 537.88 PATHOLOGY 14.54 .006 19.92 .09 135 209 4,447.69 21.28 32.95 RADIOLOGY .035 .74 PSYCHIATRY 0 .00 .000 .00 .00

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

| IMMUNIZATION AND INJECTION | 1 | 2 | | 75.00 | | 37.50 | .000 | | 75.00 | | .01 |
|----------------------------|----------------------|---------------|------|---------------------|-------|---------|-----------|-----|--------|------|----------|
| OTHER SERVICES/ALL X-OVERS | 67 | 231 | | 4,763.10 | | 20.62 | .038 | | 71.09 | | .79 |
| @PHARMACY | 788 | 2,424 | \$ | 139,630.18 | \$ | 57.60 | .401 | \$ | 177.20 | \$ | 23.11 |
| PRESCRIPTION DRUGS | 781 | 1,541 | | 136,446.31 | | 88.54 | .255 | | 174.71 | | 22.58 |
| SNF/ICF | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| OUTPATIENTS | 781 | 1,541 | | 136,446.31 | | 88.54 | .255 | | 174.71 | | 22.58 |
| MEDICAL SUPPLIES | 38 | 883 | | 3,183.87 | | 3.61 | .146 | | 83.79 | | .53 |
| @DENTIST | 230 | 1,338 | \$ | 36,113.20 | \$ | 26.99 | .221 | \$ | 157.01 | \$ | 5.98 |
| VISITS - DIAGNOSTIC | 174 | 882 | | 13,881.20 | | 15.74 | .146 | | 79.78 | | 2.30 |
| ORAL SURGERY | 32 | 56 | | 3,475.00 | | 62.05 | .009 | | 108.59 | | .58 |
| DRUGS | 4 | 7 | | 90.00 | | 12.86 | .001 | | 22.50 | | .01 |
| ANESTHESIA | 1 | 1 | | 100.00 | | 100.00 | .000 | | 100.00 | | .02 |
| PERIODONTICS | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| ENDODONTICS | 12 | 20 | | 3,170.00 | | 158.50 | .003 | | 264.17 | | .52 |
| RESTORATIVE DENTISTRY | 94 | 280 | | 14,257.00 | | 50.92 | .046 | | 151.67 | | 2.36 |
| PROSTHETICS | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| DENTURES, STAYPLATES | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| SPACE MAINTAINERS | 2 | 2 | | 320.00 | | 160.00 | .000 | | 160.00 | | .05 |
| MAXILLOFACIAL SERVICES | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| FRACTURES, DISLOCATIONS | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| ORTHODONTIC SERVICES | 20 | 87 | | 820.00 | | 9.43 | .014 | | 41.00 | | .14 |
| ALL OTHER SERVICES | 6 | 3 | | .00 | | .00 | .000 | | .00 | | .00 |
| #CALIF DEPT OF HEALTH SERV | MEDI-CAL SERVICES AN | ND EXPENDITUR | ES I | MONTH-OF-PAYMENT RE | EPORT | FOR JAN | 2004 THRU | DEC | 2004 | PAGE | I 1,238 |
| MOP024 | FEE-FOR-SERVICE/DENT | ΓAL | | | | | | | | (| 03/14/05 |

BUTTE COUNTY SUMMARY OF SERVICES FOR 100% PROGRAM AID CODES 7A 7C 8R 8T

----- MONTHLY AVERAGE -----6,043 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE 69 4,005.87 \$ 21.65 .031 \$ 58.06 \$ @OPTOMETRIST 185 42.31 44.32 DIAGNOSTIC AND ANC. PROCED 42 44 1,861.43 .007 .31 56 141 2,144.44 15.21 .023 38.29 EYE APPLIANCES 0 .00 .00 OTHER OPTOMETRIC SERVICES 0 .00 .000 .00 \$ 16.72 \$ 16.72 16.72 \$ @CHIROPRACTOR .000 \$.00 VISITS 1 16.72 16.72 .000 16.72 .00 4.64 26.18 .00 63.11 .0° .00 .00 .000 OTHER SERVICES 0 @PODIATRIST 4 178.57 \$ 44.64 .001 \$ 89.29 \$.03 MEDICINE/INJECTIONS 52.36 .000 26.18 .01 126.21 .000 126.21 .02 SURGERY/ANES. RADIO./PATHOLOGY .00 .000 .00 .00 0 .00 OTHER .000 .00 .00 240.11 \$ 48.02 .001 \$ 60.03 \$ @HOME HEALTH AGENCY 56 NURSE ANESTHESIST 762.35 \$ 13.61 .009 \$ 127.06 \$.13 2,992.38 \$ NURSE MIDWIFE 11 42 71.25 .007 \$ 272.03 \$ 0 .00 \$.00 \$.00 .00 \$ PEDIATRIC NURSE PRACTITIONER .000 \$ FAMILY NURSE PRACTITIONER 0 .00 .000 \$.00 \$.00 493 1,784 98.60 @TOTAL HOSPITAL 175,893.72 .295 \$ 356.78 \$ 29.11 77 HOSP INPATIENT TOTAL 125,640.93 1631.70 .013 5710.95 26 41,518.00 1596.85 1596.85 1649.47 452.35 .00 .00 452.35 .004 10379.50 HSC HOSPITALS 4 6.87 NON-HSC HOSPITAL TOTAL 18 51 84,122.93 1649.47 .008 4673.50 13.92 18 51 .008 1281.66 3.82 ACCOMMODATIONS 23,069.93 .00 .00 Ο 0 ADMINISTRATIVE DAYS .000 .00 .00 .00 .00 TRANSITIONAL IP CARE Ω 0 .000 18 23,069.93 .008 1281.66 ALL OTHER ACCOM 18 0 61,053.00 .00 3391.83 ANCILLARIES .000 10.10 .00 .00 .00 .00 INPATIENT CROSSOVERS 0 0 .000 ALL OTHER INPATIENT .00 .00 .000 .00 .00

| HOSP OUTPATIENT TOTAL | 483 | 1,707 | 50,252.79 | 29.44 | .282 | 104.04 | 8.32 |
|-----------------------------|------------------|-----------------------|---------------------|------------------|------------|-------------|------------|
| MEDICAL | 279 | 358 | 16,475.22 | 46.02 | .059 | 59.05 | 2.73 |
| SURGERY | 39 | 48 | 3,179.00 | 66.23 | .008 | 81.51 | .53 |
| PATHOLOGY | 163 | 529 | 6,207.26 | 11.73 | .088 | 38.08 | 1.03 |
| RADIOLOGY | 114 | 158 | 6,648.64 | 42.08 | .026 | 58.32 | 1.10 |
| ROOM USE | 309 | 381 | 14,111.16 | 37.04 | .063 | 45.67 | 2.34 |
| CROSSOVERS/ALL OTH OUTPTNT | 130 | 233 | 3,631.51 | 15.59 | .039 | 27.93 | .60 |
| @COUNTY HOSPITAL TOTAL | 2 | 3 \$ | 110.98 | \$ 36.99 | .000 | \$ 55.49 | \$.02 |
| CO HOSPITAL INPATIENT TOTAL | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| HSC HOSPITALS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| NON-HSC HOSPITALS TOTAL | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ACCOMMODATIONS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ADMINISTRATIVE DAYS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| TRANSITIONAL IP CARE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER ACCOM | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ANCILLARIES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| INPATIENT CROSSOVERS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER INPATIENT | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| CO HOSP OUTPATIENT TOTAL | 2 | 3 | 110.98 | 36.99 | .000 | 55.49 | .02 |
| MEDICAL | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| SURGERY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PATHOLOGY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| RADIOLOGY | 1 | 1 | 19.40 | 19.40 | .000 | 19.40 | .00 |
| ROOM USE | 2 | 2 | 91.58 | 45.79 | .000 | 45.79 | .02 |
| CROSSOVERS/ALL OTH OUTPINT | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| #CALIF DEPT OF HEALTH SERV | MEDI-CAL SERVICE | S AND EXPENDITURES MO | ONTH-OF-PAYMENT RI | EPORT FOR JAN 20 | 004 THRU D | EC 2004 | PAGE 1,239 |
| MOP024 | FEE-FOR-SERVICE/ | DENTAL | | | | | 03/14/05 |
| BUTTE COUNTY | SUMMARY OF SERVI | CES FOR 100% PROGRAM | AID (| CODES 7A 7C 8R 8 | ЗТ | | |
| | | | | - | MC | NTHLY AVERA | GE |
| 6,043 ELIGIBLES | USERS | UNITS OF SERVICE | EXPENDITURES | | | | COST PER |
| | | OR DAYS OF CARE | | PER UNIT/DAY | | USER | ELIGIBLE |
| @COMMUNITY HOSPITAL TOTAL | 491 | 1 , 781 \$ | 175 , 782.74 | \$ 98.70 | .295 | \$ 358.01 | \$ 29.09 |

| COMM HOSP INPATIENT TOTAL | 22 | 77 | | 125,640.93 | | 1631.70 | | 013 | | 5710.95 | | 20.79 |
|-------------------------------------|-----------------|-----------------------|----------|-------------------|----------|---------------|--------|------|----------|------------------|------------|-------------|
| HSC HOSPITALS | 4 | 26 | | 41,518.00 | | 1596.85 | | 004 | | 10379.50 | | 6.87 |
| NON-HSC HOSPITALS TOTAL | 18 | 51 | | 84,122.93 | | 1649.47 | | 800 | - | 4673.50 | | 13.92 |
| ACCOMMODATIONS | 18 | 51 | | 23,069.93 | | 452.35 | | 008 | | 1281.66 | | 3.82 |
| ADMINISTRATIVE DAYS | 0 | 0 | | .00 | | .00 | | 000 | | .00 | | .00 |
| TRANSITIONAL IP CARE | 0 | 0 | | .00 | | .00 | | 000 | | .00 | | .00 |
| ALL OTHER ACCOM | 18 | 51 | | 23,069.93 | | 452.35 | | 008 | | 1281.66 | | 3.82 |
| ANCILLARIES | 18 | 0 | | 61,053.00 | | .00 | | 000 | | 3391.83 | | 10.10 |
| INPATIENT CROSSOVERS | 0 | 0 | | .00 | | .00 | | 000 | | .00 | | .00 |
| ALL OTHER INPATIENT | 0 | 0 | | .00 | | .00 | | 000 | | .00 | | .00 |
| COMM HOSP OUTPATIENT TOTAL | 481 | 1,704 | | 50,141.81 | | 29.43 | | 282 | | 104.24 | | 8.30 |
| MEDICAL | 279 | 358 | | 16,475.22 | | 46.02 | | 059 | | 59.05 | | 2.73 |
| SURGERY | 39 | 48 | | 3,179.00 | | 66.23 | | 008 | | 81.51 | | .53 |
| PATHOLOGY | 163 | 529 | | 6,207.26 | | 11.73 | | 088 | | 38.08 | | 1.03 |
| RADIOLOGY | 113 | 157 | | 6,629.24 | | 42.22 | | 026 | | 58.67 | | 1.10 |
| ROOM USE | 307 | 379 | | 14,019.58 | | 36.99 | | 063 | | 45.67 | | 2.32 |
| CROSSOVERS/ALL OTH OUTPINT | | 233 | | 3,631.51 | | 15.59 | | 039 | | 27.93 | | .60 |
| @STATE HOSPITAL | 130 | 0 | \$ | .00 | \$ | .00 | | 000 | Ċ | .00 | ċ | .00 |
| | 0 | 0 | Ÿ | .00 | Ą | .00 | | 000 | ۲ | .00 | ۲ | .00 |
| MENTALLY ILL | 0 | 0 | | .00 | | | | 000 | | .00 | | |
| DEVELOP. DISABLED @NURSING FACILITY | 0 | 0 | \$ | | \$ | .00 | | | ċ | .00 | ċ | .00 |
| • | 0 | 0 | P | .00 | Ą | .00 | | 000 | Ş | | Þ | .00 |
| LEV A-INTERMEDIATE | 0 | 0 | | .00 | | .00 | | | | .00 | | |
| LEV B-REHAB MD | 0 | 0 | | .00 | | .00 | | 000 | | .00 | | .00 |
| LEV B-SUBACUTE FREESTANDING | 0 | 0 | | .00 | | .00 | | 000 | | .00 | | .00 |
| LEV B-SUBACUTE HSPTL BASED | 0 | | | .00 | | .00 | | 000 | | .00 | | .00 |
| LEV B-TRANSITIONAL IP CARE | 0 | 0 | | .00 | | .00 | | 000 | | .00 | | .00 |
| LEV B-REGULAR | U | 0 | <u>^</u> | .00 | <u> </u> | .00 | | 000 | <u> </u> | .00 | <u>^</u> | .00 |
| @INTERMEDIATE CARE FACILDD | U | 0 | \$ | .00 | \$ | .00 | | 000 | \$ | .00 | \$ | .00 |
| ICF DDH | 0 | 0 | | .00 | | .00 | | 000 | | .00 | | .00 |
| ICF DD | • | 0 | | .00 | | .00 | | 000 | | .00 | | .00 |
| ICF DDN/DDCN | 0 | 0 | | .00 | | .00 | | 000 | | .00 | | .00 |
| @HEMODIALYSIS TOTAL | U | 0 | \$ | .00 | \$ | .00 | | 000 | \$ | .00 | \$ | .00 |
| HOSPITAL BASED | 0 | 0 | | .00 | | .00 | | 000 | | .00 | | .00 |
| HEMODIALYSIS CENTER | 0 | 0 | <u>^</u> | .00 | <u> </u> | .00 | | 000 | <u> </u> | .00 | <u>^</u> | .00 |
| @REHABILITATION FACILITY | 4 | 62 | \$ | | \$ | 19.82 | | 010 | | 307.27 | | .20 |
| HOSPITAL BASED | 1 | 9CR | | 164.00CH | K | 18.22 | | 0010 | :R | 164.00C | R | .03CR |
| INDEPENDENT FACILITY | 3 | 71 | <u>^</u> | 1,393.07 | <u> </u> | 19.62 | | 012 | <u> </u> | 464.36 | <u>^</u> | .23 |
| @LABORATORY FACILITY | 71 | 227 | \$ | 2,986.37 | \$ | 13.16 | | 038 | \$ | 42.06 | \$ | .49 |
| PATHOLOGY | 71 | 227 | | 2,986.37 | | 13.16 | | 038 | | 42.06 | | .49 |
| XO AND OTHERS | 0 | 0 | ć | .00 | Ċ | .00 | | 000 | Ċ | .00 | ć | .00 |
| @ORGANIZED OUTPATIENT CLINIC | 607 | 936 | \$ | 93,619.85 | Ş | 100.02 | | 155 | Þ | 154.23 111.40 | Þ | 15.49 |
| CLINIC | 33 | 138 | | 3,676.24 | | 26.64 | | 023 | | | | .61 |
| SURGICENTER | • | 0 | | .00 | | .00 | | 000 | | .00 | | .00 |
| HEROIN DETOX CLINIC | 0 | 0 | | .00 | | .00 | | 000 | | .00 | | .00 |
| RURAL HEALTH CLINIC | 579 | 798 | 70 1101 | 89,943.61 | | 112.71 | | 132 | DEG | 155.34 | Б. | 14.88 |
| #CALIF DEPT OF HEALTH SERV | | ES AND EXPENDITURE | ES MON | NTH-OF-PAYMENT RE | EPORT | FOR JAN | 2004 T | HKU | DEC | 2004 | P | AGE 1,240 |
| MOP024 | FEE-FOR-SERVICE | | 00000 | 7.70 | 00DE0 | 73 70 00 | 0.00 | | | | | 03/14/05 |
| BUTTE COUNTY | SUMMARY OF SERV | ICES FOR 100% PRO | JGRAM | AID (| CODES | /A /C 8R | | | | | с п | |
| 6,043 ELIGIBLES | HCEDC | UNITS OF SERVICE | | EADENDIMIDEC | 7/ 7/ 77 | DACE COCE | | | | HLY AVERA | | |
| 0,043 ELIGIBLES | USERS | | | EVLENDIIOKE2 | | | | | | | | COST PER |
| ANII OMUED DDOMIDEDC | 506 | OR DAYS OF CARE 2,091 | ċ | 36 6E1 E8 | | UNIT/DAY | | | | USER | | ELIGIBLE |
| @ALL OTHER PROVIDERS | 506 | 2,091 251 | ٻ | | Ą | 12.75 6.81 | | | Ą | 52.67 | Ą | 4.41 .28 |
| DURABLE MED. EQUIP. | 0 | 251 | | 1,709.98 | | .00 | | 042 | | 285.00 | | .28 |
| BLOOD BANK | 0 | 0 | | .00 | | | | 000 | | | | |
| HEARING AID DISPENSERS | 27 | 572 | | .00 | | .00 | | 000 | | .00 | | .00 |
| MEDICAL TRANSPORTATION | ∠ / | 312 | | 10,241.57 | | 17.90 | • | 095 | | 379.32 | | 1.69 |

| OTHER TRANS 0 0 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .60 .60 .60 .60 .60 .60 .00 < | AMBULANCES/AIR TRANS | 27 | 570 | 6 , 641.57 | 11.65 | .094 | 245.98 | 1.10 |
|--|--------------------------------|-----|-------|--------------------------|--------------|------|------------|----------|
| ACUPUNCTURE 0 0 0 .00 .00 .00 .00 .00 .00 .00 .00 | OTHER TRANS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ADULT DAY HEALTH CARE CTR 0 0 0 .00 .00 .00 .00 .00 .00 .00 .00 | OTHER SERVICES | 2 | 2 | 3,600.00 | 1800.00 | .000 | 1800.00 | .60 |
| GENETIC DISEASE TESTING 2 2 210.00 105.00 .00 105.00 .03 IHMC, MODEL-NF, NF, AIDS, MSSP 0 0 .00 .00 .00 .00 .00 .00 .00 OCCUPATIONAL THERAPIST 0 0 .00 .00 .00 .00 .00 .00 .00 OPTICIAN 60 127 1,054.25 8.30 .021 17.57 .17 | ACUPUNCTURE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| IHMC, MODEL-NF, NF, AIDS, MSSP 0 0 .00 < | ADULT DAY HEALTH CARE CTR | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OCCUPATIONAL THERAPIST 0 0 .00 | GENETIC DISEASE TESTING | 2 | 2 | 210.00 | 105.00 | .000 | 105.00 | .03 |
| OPTICIAN 60 127 1,054.25 8.30 .021 17.57 .17 | IHMC, MODEL-NF, NF, AIDS, MSSP | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| , | OCCUPATIONAL THERAPIST | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PHYSICAL THERAPIST 1 2 51.88 25.94 .000 51.88 .01 | OPTICIAN | 60 | 127 | 1,054.25 | 8.30 | .021 | 17.57 | .17 |
| | PHYSICAL THERAPIST | 1 | 2 | 51.88 | 25.94 | .000 | 51.88 | .01 |
| PORTABLE X-RAY 0 0 .00 .00 .00 .00 .00 .00 | PORTABLE X-RAY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PROSTHETIST/ORTHOTISTS 3 8 1,559.76 194.97 .001 519.92 .26 | PROSTHETIST/ORTHOTISTS | 3 | 8 | 1,559.76 | 194.97 | .001 | 519.92 | .26 |
| PROSTHETICS 3 8 1,559.76 194.97 .001 519.92 .26 | PROSTHETICS | 3 | 8 | 1,559.76 | 194.97 | .001 | 519.92 | .26 |
| ORTHOTICS 0 0 .00 .00 .00 .00 .00 .00 | ORTHOTICS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PSYCHOLOGIST 1 4 237.46 59.37 .001 237.46 .04 | PSYCHOLOGIST | 1 | 4 | 237.46 | 59.37 | .001 | 237.46 | .04 |
| SPEECH AND AUDIOLOGY 12 40 1,320.66 33.02 .007 110.06 .22 | SPEECH AND AUDIOLOGY | 12 | 40 | 1,320.66 | 33.02 | .007 | 110.06 | .22 |
| HOSPICE SERVICES 0 0 .00 .00 .00 .00 .00 .00 | HOSPICE SERVICES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| NONINST BIRTHING CENTERS 0 0 .00 .00 .00 .00 .00 .00 | NONINST BIRTHING CENTERS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| LOCAL EDUCATION AGENCIES 396 1,078 10,217.50 9.48 .178 25.80 1.69 | LOCAL EDUCATION AGENCIES | 396 | 1,078 | 10,217.50 | 9.48 | .178 | 25.80 | 1.69 |
| EPSDT SUPPLEMENTAL SERVICE 0 0 .00 .00 .00 .00 .00 .00 | EPSDT SUPPLEMENTAL SERVICE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| RESPIRATORY CARE PRACT. 0 0 .00 .00 .00 .00 .00 .00 .00 | RESPIRATORY CARE PRACT. | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PED SUBACUTE REHAB/WEANING 0 0 .00 .00 .00 .00 .00 .00 | PED SUBACUTE REHAB/WEANING | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER PROVIDERS 7 7 48.52 6.93 .001 6.93 .01 | ALL OTHER PROVIDERS | 7 | 7 | 48.52 | 6.93 | .001 | 6.93 | .01 |
| @CALIF. CHILDREN SERVICES* 56 590 \$ 95,767.24 \$ 162.32 .098 \$ 1710.13 \$ 15.85 | @CALIF. CHILDREN SERVICES* | 56 | 590 | \$ 95 , 767.24 | \$ 162.32 | .098 | \$ 1710.13 | \$ 15.85 |
| @XOVER EXCLUDING STATE HOSP** 1 1 \$ 1.89 \$ 1.89 .000 \$ 1.89 \$.00 | @XOVER EXCLUDING STATE HOSP** | 1 | 1 | \$ 1.89 | \$ 1.89 | .000 | \$ 1.89 | \$.00 |

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 1,241
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
BUTTE COUNTY SUMMARY OF SERVICES FOR PRESUMPTIVE ELIGIBILITY-PREGNANT AID CODES 7F 7G

----- MONTHLY AVERAGE -----AVERAGE COST UNITS/DAYS COST PER 00 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE 1,287 216,358.09 5,682 \$ 38.08 .000 \$ 168.11 \$ @TOTAL, ALL PROVIDERS @PHYSICIANS SERVICES 234 282 29,493.40 104.59 .000 \$ 126.04 \$.00 163 OUTPATIENT VISITS 185 22,909.77 123.84 .000 140.55 .00 50 52 19.64 20.43 .00 OFFICE VISITS 1,021.25 .000 HOME VISITS 0 0 .00 .00 .000 .00 .00 0 .00 EMERGENCY ROOM 0 .00 .000 .00 .00 0 0 .00 .00 .00 PREVENTIVE CARE .000 127 133 21,888.52 164.58 .000 172.35 OB VISITS/COMPRE PERI .00 OTHER OUTPATIENT 0 0 .00 .00 .000 .00 .00 .00 .00 .000 .00 .00 INPATIENT VISITS HOSPITAL VISITS .00 .00 .000 .00 .00 CRITICAL CARE .00 .00 .000 .00 .00 SNF/ICF/TRANS IP CARE .00 .00 .000 OPHTHALMOLOGICAL SERVICES .00 .00 .00 .000 .00 .00 .00 .00 EXAMINATIONS .000 .00 .00 .00 .000 .00 SERVICES AND MATERIALS INPATIENT HOSPITAL SURGERY .00 .00 .00 .00 .000 .00 .00 .00 PRINCIPAL SURGEON .000 .00 .00 .00 .000 .00 ASSISTANT SURGEON 0 .00 ANESTHESIOLOGIST .00 .000 .00 .00 346.42 OUTPATIENT SURGERY 115.47 .000 115.47 .00 PRINCIPAL SURGEON 346.42 115.47 .000 115.47 .00

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

| ASSISTANT SURGEON | 0 | 0 | | | .00 | | .00 | .000 | | .00 | | .00 |
|----------------------------|-------------------------|-----------|-------|-----------|-----------|-------|-----------|-----------|-----|--------|-----|----------|
| ANESTHESIOLOGIST | 0 | 0 | | | .00 | | .00 | .000 | | .00 | | .00 |
| DIALYSIS | 0 | 0 | | | .00 | | .00 | .000 | | .00 | | .00 |
| PATHOLOGY | 10 | 10 | | | 44.12 | | 4.41 | .000 | | 4.41 | | .00 |
| RADIOLOGY | 82 | 84 | | | 6,193.09 | | 73.73 | .000 | | 75.53 | | .00 |
| PSYCHIATRY | 0 | 0 | | | .00 | | .00 | .000 | | .00 | | .00 |
| IMMUNIZATION AND INJECTION | 0 | 0 | | | .00 | | .00 | .000 | | .00 | | .00 |
| OTHER SERVICES/ALL X-OVERS | 0 | 0 | | | .00 | | .00 | .000 | | .00 | | .00 |
| @PHARMACY | 61 | 89 | \$ | | 3,454.37 | \$ | 38.81 | .000 | \$ | 56.63 | \$ | .00 |
| PRESCRIPTION DRUGS | 58 | 83 | | | 3,050.93 | | 36.76 | .000 | | 52.60 | | .00 |
| SNF/ICF | 0 | 0 | | | .00 | | .00 | .000 | | .00 | | .00 |
| OUTPATIENTS | 58 | 83 | | | 3,050.93 | | 36.76 | .000 | | 52.60 | | .00 |
| MEDICAL SUPPLIES | 3 | 6 | | | 403.44 | | 67.24 | .000 | | 134.48 | | .00 |
| @DENTIST | 0 | 0 | \$ | | .00 | \$ | .00 | .000 | \$ | .00 | \$ | .00 |
| VISITS - DIAGNOSTIC | 0 | 0 | | | .00 | | .00 | .000 | | .00 | | .00 |
| ORAL SURGERY | 0 | 0 | | | .00 | | .00 | .000 | | .00 | | .00 |
| DRUGS | 0 | 0 | | | .00 | | .00 | .000 | | .00 | | .00 |
| ANESTHESIA | 0 | 0 | | | .00 | | .00 | .000 | | .00 | | .00 |
| PERIODONTICS | 0 | 0 | | | .00 | | .00 | .000 | | .00 | | .00 |
| ENDODONTICS | 0 | 0 | | | .00 | | .00 | .000 | | .00 | | .00 |
| RESTORATIVE DENTISTRY | 0 | 0 | | | .00 | | .00 | .000 | | .00 | | .00 |
| PROSTHETICS | 0 | 0 | | | .00 | | .00 | .000 | | .00 | | .00 |
| DENTURES, STAYPLATES | 0 | 0 | | | .00 | | .00 | .000 | | .00 | | .00 |
| SPACE MAINTAINERS | 0 | 0 | | | .00 | | .00 | .000 | | .00 | | .00 |
| MAXILLOFACIAL SERVICES | 0 | 0 | | | .00 | | .00 | .000 | | .00 | | .00 |
| FRACTURES, DISLOCATIONS | 0 | 0 | | | .00 | | .00 | .000 | | .00 | | .00 |
| ORTHODONTIC SERVICES | 0 | 0 | | | .00 | | .00 | .000 | | .00 | | .00 |
| ALL OTHER SERVICES | 0 | 0 | | | .00 | | .00 | .000 | | .00 | | .00 |
| #CALIF DEPT OF HEALTH SERV | MEDI-CAL SERVICES AND E | EXPENDITU | RES M | IONTH-OF- | PAYMENT R | EPORT | FOR JAN 2 | 2004 THRU | DEC | 2004 | PAG | • |
| MOP024 | FEE-FOR-SERVICE/DENTAL | | | | | | | | | | (| 03/14/05 |
| BUTTE COUNTY | SUMMARY OF SERVICES FOR | R PRESUM | PTIVE | ELIGIBI | LITY-PREG | NANT | AID CODES | 7F 7G | | | | |

| 20112 0001111 | COLUMNIC OF CENT | . 1020 1011 1120011 | | | | 1112 00220 | | _ N.T. | a | Ω.D. | |
|------------------------------|------------------|---------------------|----|--------------------|-----|------------|-----------|--------|-----------|------|----------|
| | | | _ | | | | | | HLY AVERA | GE: | |
| 00 ELIGIBLES | USERS | UNITS OF SERVICE | | EXPENDITURES | | | UNITS/DAY | - | COST PER | | COST PER |
| | | OR DAYS OF CARE | C | | PER | R UNIT/DAY | PER ELIG | | USER | | ELIGIBLE |
| @OPTOMETRIST | 0 | 0 | \$ | .00 | \$ | .00 | .000 | \$ | .00 | \$ | .00 |
| DIAGNOSTIC AND ANC. PROCED | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| EYE APPLIANCES | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| OTHER OPTOMETRIC SERVICES | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| @CHIROPRACTOR | 0 | 0 | \$ | .00 | \$ | .00 | .000 | \$ | .00 | \$ | .00 |
| VISITS | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| OTHER SERVICES | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| @PODIATRIST | 0 | 0 | \$ | .00 | \$ | .00 | .000 | \$ | .00 | \$ | .00 |
| MEDICINE/INJECTIONS | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| SURGERY/ANES. | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| RADIO./PATHOLOGY | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| OTHER | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| @HOME HEALTH AGENCY | 0 | 0 | \$ | .00 | \$ | .00 | .000 | \$ | .00 | \$ | .00 |
| NURSE ANESTHESIST | 0 | 0 | \$ | .00 | \$ | .00 | .000 | \$ | .00 | \$ | .00 |
| NURSE MIDWIFE | 579 | 3,388 | \$ | 82 , 229.98 | \$ | 24.27 | .000 | \$ | 142.02 | \$ | .00 |
| PEDIATRIC NURSE PRACTITIONER | 0 | 0 | \$ | .00 | \$ | .00 | .000 | \$ | .00 | \$ | .00 |
| FAMILY NURSE PRACTITIONER | 0 | 0 | \$ | .00 | \$ | .00 | .000 | \$ | .00 | \$ | .00 |
| @TOTAL HOSPITAL | 157 | 293 | \$ | 13,595.22 | \$ | 46.40 | .000 | \$ | 86.59 | \$ | .00 |
| HOSP INPATIENT TOTAL | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| HSC HOSPITALS | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| NON-HSC HOSPITAL TOTAL | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| ACCOMMODATIONS | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| | | | | | | | | | | | |

| ADMINISTRATIVE DAYS | 0 | 0 | | .00 | | .00 | .000 | .00 | | .00 |
|-----------------------------|--------------------------|----------|---------|--------------------|-------------|-------------|--------------|-------------|-----|----------|
| TRANSITIONAL IP CARE | 0 | 0 | | .00 | | .00 | .000 | .00 | | .00 |
| | | 0 | | | | | | | | |
| ALL OTHER ACCOM | 0 | - | | .00 | | .00 | .000 | .00 | | .00 |
| ANCILLARIES | 0 | 0 | | .00 | | .00 | .000 | .00 | | .00 |
| INPATIENT CROSSOVERS | 0 | Ō | | .00 | | .00 | .000 | .00 | | .00 |
| ALL OTHER INPATIENT | 0 | 0 | | .00 | | .00 | .000 | .00 | | .00 |
| | - | - | | | | | | | | |
| HOSP OUTPATIENT TOTAL | 157 | 293 | | 13,595.22 | | .40 | .000 | 86.59 | | .00 |
| MEDICAL | 1 | 1 | | 123.59 | 123 | | .000 | 123.59 | | .00 |
| SURGERY | 0 | 0 | | .00 | | .00 | .000 | .00 | | .00 |
| PATHOLOGY | 133 | 233 | | 10,050.30 | 43 | .13 | .000 | 75.57 | | .00 |
| RADIOLOGY | 39 | 40 | | 3,026.45 | | .66 | .000 | 77.60 | | .00 |
| | | | | | | | | | | |
| ROOM USE | 6 | 6 | | 211.03 | | .17 | .000 | 35.17 | | .00 |
| CROSSOVERS/ALL OTH OUTPTNT | 2 | 13 | | 183.85 | 14 | .14 | .000 | 91.93 | | .00 |
| @COUNTY HOSPITAL TOTAL | 1 | 2 | \$ | 42.51 | \$ 21 | .26 | .000 | \$ 42.51 | \$ | .00 |
| CO HOSPITAL INPATIENT TOTAL | 0 | 0 | | .00 | | .00 | .000 | .00 | | .00 |
| HSC HOSPITALS | 0 | 0 | | .00 | | .00 | .000 | .00 | | .00 |
| | 0 | • | | | | | | | | |
| NON-HSC HOSPITALS TOTAL | · · | 0 | | .00 | | .00 | .000 | .00 | | .00 |
| ACCOMMODATIONS | 0 | 0 | | .00 | | .00 | .000 | .00 | | .00 |
| ADMINISTRATIVE DAYS | 0 | 0 | | .00 | | .00 | .000 | .00 | | .00 |
| TRANSITIONAL IP CARE | 0 | 0 | | .00 | | .00 | .000 | .00 | | .00 |
| | 0 | 0 | | .00 | | .00 | .000 | .00 | | .00 |
| ALL OTHER ACCOM | ů . | U | | | | | | | | |
| ANCILLARIES | 0 | 0 | | .00 | | .00 | .000 | .00 | | .00 |
| INPATIENT CROSSOVERS | 0 | 0 | | .00 | | .00 | .000 | .00 | | .00 |
| ALL OTHER INPATIENT | 0 | 0 | | .00 | | .00 | .000 | .00 | | .00 |
| CO HOSP OUTPATIENT TOTAL | 1 | 2 | | 42.51 | | .26 | .000 | 42.51 | | .00 |
| | 1 | 2 | | | | | | | | |
| MEDICAL | U | U | | .00 | | .00 | .000 | .00 | | .00 |
| SURGERY | 0 | 0 | | .00 | | .00 | .000 | .00 | | .00 |
| PATHOLOGY | 1 | 1 | | 6.01 | 6 | .01 | .000 | 6.01 | | .00 |
| RADIOLOGY | 0 | 0 | | .00 | | .00 | .000 | .00 | | .00 |
| ROOM USE | 1 | 1 | | 36.50 | | .50 | .000 | 36.50 | | .00 |
| | 0 | 0 | | | 30 | | | | | |
| CROSSOVERS/ALL OTH OUTPTNT | - | Ū | | .00 | | .00 | .000 | .00 | | .00 |
| #CALIF DEPT OF HEALTH SERV | MEDI-CAL SERVICES AND EX | KPENDITU | RES MON | TH-OF-PAYMENT R | EPORT FOR | . JAN 2 | 2004 THRU DI | EC 2004 | PAC | GE 1,243 |
| MOP024 | FEE-FOR-SERVICE/DENTAL | | | | | | | | | 03/14/05 |
| BUTTE COUNTY | SUMMARY OF SERVICES FOR | PRESUMI | PTIVE E | LIGIBILITY-PREG | NANT AID | CODES | 7F 7G | | | |
| | | | | | | | _ | NTHLY AVERA | CF | |
| 00 ELIGIBLES | USERS UNITS O | F SERVIC | r. | EXPENDITURES | A TIED A CE | СОСП | UNITS/DAYS | | _ | OST PER |
| 00 ETIGIBTE2 | | | | EVERNDIIOKE2 | | | | | | |
| | | S OF CAR | | | | | PER ELIG | USER | | LIGIBLE |
| @COMMUNITY HOSPITAL TOTAL | 156 | 291 | \$ | 13 , 552.71 | \$ 46 | .57 | .000 | \$ 86.88 | \$ | .00 |
| COMM HOSP INPATIENT TOTAL | 0 | 0 | | .00 | | .00 | .000 | .00 | | .00 |
| HSC HOSPITALS | 0 | 0 | | .00 | | .00 | .000 | .00 | | .00 |
| | 0 | 0 | | | | | | | | |
| NON-HSC HOSPITALS TOTAL | U | Û | | .00 | | .00 | .000 | .00 | | .00 |
| ACCOMMODATIONS | U | U | | .00 | | .00 | .000 | .00 | | .00 |
| ADMINISTRATIVE DAYS | 0 | 0 | | .00 | | .00 | .000 | .00 | | .00 |
| TRANSITIONAL IP CARE | 0 | 0 | | .00 | | .00 | .000 | .00 | | .00 |
| ALL OTHER ACCOM | 0 | 0 | | .00 | | .00 | .000 | .00 | | .00 |
| | 0 | 0 | | | | | | | | |
| ANCILLARIES | U | U | | .00 | | .00 | .000 | .00 | | .00 |
| INPATIENT CROSSOVERS | 0 | 0 | | .00 | | .00 | .000 | .00 | | .00 |
| ATT OBUIDD TAIDABTBAID | ^ | 0 | | 0.0 | | $\cap \cap$ | 000 | 0.0 | | 0.0 |

291

1

0

232

40

5

13

0

.00

.00

.00 \$

13,552.71

10,044.29

3,026.45

123.59

174.53

183.85

.00

.00

46.57

43.29

75.66

34.91

14.14

.00

123.59

.000

.000

.000

.000

.000

.000

.000

.000

.000 \$

.00

.00

86.88

76.09

77.60

34.91

91.93

.00 \$

123.59

.00

.00

.00

.00

.00

.00

.00

.00

.00

ALL OTHER INPATIENT

MEDICAL

SURGERY

PATHOLOGY

RADIOLOGY ROOM USE

@STATE HOSPITAL

COMM HOSP OUTPATIENT TOTAL

CROSSOVERS/ALL OTH OUTPINT

0

156

1

132

39

5

2

0

0

| MENTALLY ILL | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
|------------------------------|------------------|------------------|--------|---------------------|------|---------------|----------|-----|-----------|-----|----------|
| DEVELOP. DISABLED | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| @NURSING FACILITY | 0 | 0 | \$ | .00 | \$ | .00 | .000 | Ś | .00 | Ś | .00 |
| LEV A-INTERMEDIATE | 0 | 0 | 7 | .00 | т. | .00 | .000 | -1 | .00 | * | .00 |
| LEV B-REHAB MD | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| LEV B-SUBACUTE FREESTANDING | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| LEV B-SUBACUTE HSPTL BASED | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| LEV B-TRANSITIONAL IP CARE | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| LEV B-REGULAR | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| @INTERMEDIATE CARE FACILDD | 0 | 0 | \$ | .00 | \$ | .00 | .000 | \$ | .00 | \$ | .00 |
| ICF DDH | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| ICF DD | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| ICF DDN/DDCN | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| @HEMODIALYSIS TOTAL | 0 | 0 | \$ | .00 | \$ | .00 | .000 | \$ | .00 | \$ | .00 |
| HOSPITAL BASED | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| HEMODIALYSIS CENTER | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| @REHABILITATION FACILITY | 0 | 0 | \$ | .00 | \$ | .00 | .000 | \$ | .00 | \$ | .00 |
| HOSPITAL BASED | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| INDEPENDENT FACILITY | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| @LABORATORY FACILITY | 404 | 746 | \$ | 18,062.05 | \$ | 24.21 | .000 | \$ | 44.71 | \$ | .00 |
| PATHOLOGY | 404 | 746 | | 18,062.05 | | 24.21 | .000 | | 44.71 | | .00 |
| XO AND OTHERS | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| @ORGANIZED OUTPATIENT CLINIC | 268 | 826 | \$ | 63,433.07 | \$ | 76.80 | .000 | \$ | 236.69 | \$ | .00 |
| CLINIC | 265 | 818 | | 62,494.92 | | 76.40 | .000 | | 235.83 | | .00 |
| SURGICENTER | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| HEROIN DETOX CLINIC | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| RURAL HEALTH CLINIC | 3 | 8 | | 938.15 | | 117.27 | .000 | | 312.72 | | .00 |
| #CALIF DEPT OF HEALTH SERV | MEDI-CAL SERVICE | ES AND EXPENDITU | JRES N | MONTH-OF-PAYMENT RI | EPOR | T FOR JAN 200 | 04 THRU | DEC | 2004 | PAG | • |
| MOP024 | FEE-FOR-SERVICE | • | | | | | | | | (| 03/14/05 |
| BUTTE COUNTY | SUMMARY OF SERV | ICES FOR PRESUN | 1PTIVE | E ELIGIBILITY-PREGI | NANT | AID CODES 71 | _ | | | | |
| | | | | | | | | | HLY AVERA | - | |
| 00 ELIGIBLES | USERS | UNITS OF SERVIC | Œ | EXPENDITURES | AV | ERAGE COST UI | NITS/DAY | S | COST PER | CO | ST PER |

| | | OR DAYS OF CARE | | PER UNIT/DAY | PER ELIG | USER | ELIGIBLE |
|--------------------------------|----|-----------------|----------|--------------|----------|--------|----------|
| @ALL OTHER PROVIDERS | 57 | 58 \$ | 6,090.00 | \$ 105.00 | .000 \$ | 106.84 | \$.00 |
| DURABLE MED. EQUIP. | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| BLOOD BANK | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| HEARING AID DISPENSERS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| MEDICAL TRANSPORTATION | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| AMBULANCES/AIR TRANS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OTHER TRANS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OTHER SERVICES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ACUPUNCTURE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ADULT DAY HEALTH CARE CTR | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| GENETIC DISEASE TESTING | 57 | 58 | 6,090.00 | 105.00 | .000 | 106.84 | .00 |
| IHMC, MODEL-NF, NF, AIDS, MSSP | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OCCUPATIONAL THERAPIST | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OPTICIAN | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PHYSICAL THERAPIST | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PORTABLE X-RAY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PROSTHETIST/ORTHOTISTS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PROSTHETICS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ORTHOTICS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PSYCHOLOGIST | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| SPEECH AND AUDIOLOGY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| HOSPICE SERVICES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| NONINST BIRTHING CENTERS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| LOCAL EDUCATION AGENCIES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| EPSDT SUPPLEMENTAL SERVICE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| RESPIRATORY CARE PRACT. | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PED SUBACUTE REHAB/WEANING | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER PROVIDERS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| @CALIF. CHILDREN SERVICES* | 0 | 0 \$ | .00 | \$.00 | .000 \$ | .00 | \$.00 |
| @XOVER EXCLUDING STATE HOSP** | 0 | 0 \$ | .00 | \$.00 | .000 \$ | .00 | \$.00 |

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 1,245
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
BUTTE COUNTY SUMMARY OF SERVICES FOR MEDI-CAL TUBERCULOSIS PROGRAM AID CODE 7H

| BOITE COUNTY | DOMINICI OF DEICV. | ICHO IOIC IMPI | | 101 | DIRCOHODID INCORUM | | 1110 0000 | / 11 | | | | |
|---------------------------|--------------------|----------------|-----|-----|--------------------|------|-----------|-----------|------|-----------|----|----------|
| | | | | | | | | Mo | TINC | HLY AVERA | GΕ | |
| 14 ELIGIBLES | USERS | UNITS OF SERV | ICE | | EXPENDITURES | AVER | AGE COST | UNITS/DAY | 3 (| COST PER | | COST PER |
| | | OR DAYS OF C | ARE | | | PER | UNIT/DAY | PER ELIG | | USER | | ELIGIBLE |
| @TOTAL, ALL PROVIDERS | 0 | 0 | S | \$ | .00 | \$ | .00 | .000 | \$ | .00 | \$ | .00 |
| @PHYSICIANS SERVICES | 0 | 0 | 5 | \$ | .00 | \$ | .00 | .000 | \$ | .00 | \$ | .00 |
| OUTPATIENT VISITS | 0 | 0 | | | .00 | | .00 | .000 | | .00 | | .00 |
| OFFICE VISITS | 0 | 0 | | | .00 | | .00 | .000 | | .00 | | .00 |
| HOME VISITS | 0 | 0 | | | .00 | | .00 | .000 | | .00 | | .00 |
| EMERGENCY ROOM | 0 | 0 | | | .00 | | .00 | .000 | | .00 | | .00 |
| PREVENTIVE CARE | 0 | 0 | | | .00 | | .00 | .000 | | .00 | | .00 |
| OB VISITS/COMPRE PERI | 0 | 0 | | | .00 | | .00 | .000 | | .00 | | .00 |
| OTHER OUTPATIENT | 0 | 0 | | | .00 | | .00 | .000 | | .00 | | .00 |
| INPATIENT VISITS | 0 | 0 | | | .00 | | .00 | .000 | | .00 | | .00 |
| HOSPITAL VISITS | 0 | 0 | | | .00 | | .00 | .000 | | .00 | | .00 |
| CRITICAL CARE | 0 | 0 | | | .00 | | .00 | .000 | | .00 | | .00 |
| SNF/ICF/TRANS IP CARE | 0 | 0 | | | .00 | | .00 | .000 | | .00 | | .00 |
| OPHTHALMOLOGICAL SERVICES | 0 | 0 | | | .00 | | .00 | .000 | | .00 | | .00 |
| EXAMINATIONS | 0 | 0 | | | .00 | | .00 | .000 | | .00 | | .00 |
| SERVICES AND MATERIALS | 0 | 0 | | | .00 | | .00 | .000 | | .00 | | .00 |

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

| INPATIENT HOSPITAL SURGERY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
|----------------------------|-------------------------|------------------|------------------------|--------------|------------------|------------|------------|
| PRINCIPAL SURGEON | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ASSISTANT SURGEON | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ANESTHESIOLOGIST | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OUTPATIENT SURGERY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PRINCIPAL SURGEON | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ASSISTANT SURGEON | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ANESTHESIOLOGIST | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| DIALYSIS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PATHOLOGY | 0 | Û | .00 | .00 | .000 | .00 | .00 |
| RADIOLOGY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PSYCHIATRY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| IMMUNIZATION AND INJECTION | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| | 0 | 0 | .00 | .00 | | .00 | .00 |
| OTHER SERVICES/ALL X-OVERS | 0 | 0 \$ | | | .000 | | |
| @PHARMACY | 0 | 0 ş | .00 | | .000 \$ | | \$.00 |
| PRESCRIPTION DRUGS | 0 | • | .00 | .00 | .000 | .00 | .00 |
| SNF/ICF | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OUTPATIENTS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| MEDICAL SUPPLIES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| @DENTIST | 0 | 0 \$ | .00 | \$.00 | .000 \$ | | \$.00 |
| VISITS - DIAGNOSTIC | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ORAL SURGERY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| DRUGS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ANESTHESIA | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PERIODONTICS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ENDODONTICS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| RESTORATIVE DENTISTRY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PROSTHETICS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| DENTURES, STAYPLATES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| SPACE MAINTAINERS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| MAXILLOFACIAL SERVICES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| FRACTURES, DISLOCATIONS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ORTHODONTIC SERVICES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER SERVICES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| #CALIF DEPT OF HEALTH SERV | MEDI-CAL SERVICES AND | - | | | | | PAGE 1,246 |
| MOP024 | FEE-FOR-SERVICE/DENTA | | | . 01:12 | .001 11110 220 | 2001 | 03/14/05 |
| BUTTE COUNTY | SUMMARY OF SERVICES E | | IIBERCIILOSIS PROGRAM | AID CODE | 7н | | 00/11/00 |
| BOITE COUNTY | SOTHERICE OF SERVICES I | OIC INDDI CIND I | ODDINGOLOGIC TINOGICET | MID CODE | MONTH | ILY AVERAC | GE |
| 14 ELIGIBLES | USERS UNITS | OF SERVICE | EXPENDITURES | AVERAGE COST | UNITS/DAYS C | | COST PER |
| II DDIGIDDD | | DAYS OF CARE | DATEMOTIONED | PER UNIT/DAY | | USER | ELIGIBLE |
| @OPTOMETRIST | 0 | 0 \$ | .00 | \$.00 | .000 \$ | .00 | - |
| DIAGNOSTIC AND ANC. PROCED | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| EYE APPLIANCES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| | 0 | | | | | | |
| OTHER OPTOMETRIC SERVICES | 0 | 0 0 \$ | .00 | .00 | .000 | .00 | .00 |
| @CHIROPRACTOR | U | - ' | .00 | \$.00 | .000 \$ | | \$.00 |
| VISITS | U | 0 | .00 | .00 | .000 | .00 | .00 |
| OTHER SERVICES | U | 0 | .00 | .00 | .000 | .00 | .00 |
| @PODIATRIST | Ü | 0 \$ | .00 | \$.00 | .000 \$ | | \$.00 |
| MEDICINE/INJECTIONS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| SURGERY/ANES. | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| DADTO (DAMIOTOCV | Ň | ^ | 0.0 | \cap | $\cap \cap \cap$ | 0.0 | 0.0 |

0

0 0 0

\$ \$ \$ \$

.00

.00

.00

.00

.00

.00

.00

.00

.00

.00

.00

.00

\$

\$

\$

.000

.000

.000 \$

.000 \$

.000 \$

.000 \$

.00

.00

.00 \$

.00 \$

.00 \$

.00 \$

.00

.00

.00

.00

.00

.00

OTHER

RADIO./PATHOLOGY

@HOME HEALTH AGENCY

NURSE ANESTHESIST

PEDIATRIC NURSE PRACTITIONER

NURSE MIDWIFE

0

0

0

0

0

| FAMILY NURSE PRACTITIONER | 0 | 0 \$ | .00 | \$.00 | .000 \$ | .00 | \$.00 |
|-----------------------------|---------------------------------------|--------------------------|-------------------|-----------------|--------------|------------|------------|
| @TOTAL HOSPITAL | 0 | 0 \$ | .00 | \$.00 | .000 \$ | .00 | \$.00 |
| HOSP INPATIENT TOTAL | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| | 0 | | | | | | |
| HSC HOSPITALS | U | 0 | .00 | .00 | .000 | .00 | .00 |
| NON-HSC HOSPITAL TOTAL | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ACCOMMODATIONS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ADMINISTRATIVE DAYS | Ω | 0 | .00 | .00 | .000 | .00 | .00 |
| | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| TRANSITIONAL IP CARE | 0 | 0 | | | | | |
| ALL OTHER ACCOM | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ANCILLARIES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| INPATIENT CROSSOVERS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER INPATIENT | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| HOSP OUTPATIENT TOTAL | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| | 0 | 0 | | | | | |
| MEDICAL | U | U | .00 | .00 | .000 | .00 | .00 |
| SURGERY | O | 0 | .00 | .00 | .000 | .00 | .00 |
| PATHOLOGY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| RADIOLOGY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ROOM USE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| CROSSOVERS/ALL OTH OUTPTNT | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| | 0 | | | | | | |
| @COUNTY HOSPITAL TOTAL | U | • 1 | .00 | \$.00 | .000 \$ | | · |
| CO HOSPITAL INPATIENT TOTAL | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| HSC HOSPITALS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| NON-HSC HOSPITALS TOTAL | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ACCOMMODATIONS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ADMINISTRATIVE DAYS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| | 0 | 0 | | | | | |
| TRANSITIONAL IP CARE | U | U | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER ACCOM | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ANCILLARIES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| INPATIENT CROSSOVERS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER INPATIENT | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| CO HOSP OUTPATIENT TOTAL | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| | 0 | 0 | | | | | |
| MEDICAL | U | U | .00 | .00 | .000 | .00 | .00 |
| SURGERY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PATHOLOGY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| RADIOLOGY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ROOM USE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| CROSSOVERS/ALL OTH OUTPTNT | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| #CALIF DEPT OF HEALTH SERV | · · · · · · · · · · · · · · · · · · · | CES AND EXPENDITURES MON | | | | | |
| | | | NIH-OF-PAIMENI RE | SPORT FOR JAN 2 | 2004 IRKO DE | C 2004 | PAGE 1,247 |
| MOP024 | FEE-FOR-SERVICE | | | | | | 03/14/05 |
| BUTTE COUNTY | SUMMARY OF SERV | /ICES FOR MEDI-CAL TUBE | ERCULOSIS PROGRAM | AID CODE | 7H | | |
| | | | | | MON | THLY AVERA | GE |
| 14 ELIGIBLES | USERS | UNITS OF SERVICE | EXPENDITURES | AVERAGE COST | UNITS/DAYS | COST PER | COST PER |
| | | OR DAYS OF CARE | | PER UNIT/DAY | PER ELIG | USER | ELIGIBLE |
| @COMMUNITY HOSPITAL TOTAL | 0 | 0 \$ | .00 | \$.00 | .000 \$ | | |
| - | 0 | • | | · | | | |
| COMM HOSP INPATIENT TOTAL | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| HSC HOSPITALS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| NON-HSC HOSPITALS TOTAL | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ACCOMMODATIONS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ADMINISTRATIVE DAYS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| TRANSITIONAL IP CARE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| | ŭ | 0 | | | | | |
| ALL OTHER ACCOM | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ANCILLARIES | U | U | .00 | .00 | .000 | .00 | .00 |
| INPATIENT CROSSOVERS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER INPATIENT | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| COMM HOSP OUTPATIENT TOTAL | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| MEDICAL | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| 111010111 | U | O . | .00 | • • • • | .000 | .00 | • 0 0 |

| SURGERY | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
|--------------------------------|---------------------------------------|--------------|----------|---------------------|----------|-----------|-----------|----------|-----------|----------|-----------|
| PATHOLOGY | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| RADIOLOGY | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| ROOM USE | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| CROSSOVERS/ALL OTH OUTPTNT | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| @STATE HOSPITAL | 0 | 0 | \$ | .00 | \$ | .00 | .000 | \$ | | \$ | .00 |
| | 0 | | ې | | ۲ | | | ۲ | | Ÿ | |
| MENTALLY ILL | • | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| DEVELOP. DISABLED | 0 | 0 | _ | .00 | _ | .00 | .000 | _ | .00 | _ | .00 |
| @NURSING FACILITY | 0 | 0 | \$ | .00 | \$ | .00 | .000 | \$ | .00 | \$ | .00 |
| LEV A-INTERMEDIATE | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| LEV B-REHAB MD | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| LEV B-SUBACUTE FREESTANDING | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| LEV B-SUBACUTE HSPTL BASED | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| LEV B-TRANSITIONAL IP CARE | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| LEV B-REGULAR | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| @INTERMEDIATE CARE FACILDD | 0 | 0 | \$ | .00 | \$ | .00 | .000 | \$ | .00 | \$ | .00 |
| | 0 | | Ş | | ې | | | Ą | | Ą | |
| ICF DDH | U | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| ICF DD | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| ICF DDN/DDCN | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| @HEMODIALYSIS TOTAL | 0 | 0 | \$ | .00 | \$ | .00 | .000 | \$ | .00 | \$ | .00 |
| HOSPITAL BASED | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| HEMODIALYSIS CENTER | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| @REHABILITATION FACILITY | Û | 0 | \$ | .00 | Ś | .00 | .000 | \$ | .00 | \$ | .00 |
| HOSPITAL BASED | 0 | 0 | ۲ | .00 | Ψ | .00 | .000 | 7 | .00 | Ψ | .00 |
| | 0 | 0 | | | | .00 | | | .00 | | |
| INDEPENDENT FACILITY | · · | | <u> </u> | .00 | <u> </u> | | .000 | <u> </u> | | <u> </u> | .00 |
| @LABORATORY FACILITY | 0 | 0 | \$ | .00 | \$ | .00 | .000 | \$ | .00 | \$ | .00 |
| PATHOLOGY | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| XO AND OTHERS | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| @ORGANIZED OUTPATIENT CLINIC | 0 | 0 | \$ | .00 | \$ | .00 | .000 | \$ | .00 | \$ | .00 |
| CLINIC | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| SURGICENTER | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| HEROIN DETOX CLINIC | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| RURAL HEALTH CLINIC | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| | · · · · · · · · · · · · · · · · · · · | • | 10 M | | | | | DEC | | D. | |
| #CALIF DEPT OF HEALTH SERV | MEDI-CAL SERVICES AN | | is M | IONTH-OF-PAYMENT RE | PORT | FOR JAN 2 | 004 THRU | DEC | 2004 | PF | AGE 1,248 |
| MOP024 | FEE-FOR-SERVICE/DENT | | | | | | | | | | 03/14/05 |
| BUTTE COUNTY | SUMMARY OF SERVICES | FOR MEDI-CAI | _ TU | JBERCULOSIS PROGRAM | | AID CODE | 7H | | | | |
| | | | | | | | | | HLY AVERA | GE - | |
| 14 ELIGIBLES | USERS UNIT | S OF SERVICE | | EXPENDITURES | AVE | RAGE COST | UNITS/DAY | S | COST PER | | COST PER |
| | OR | DAYS OF CARE | | | | UNIT/DAY | PER ELIG | | USER | F | ELIGIBLE |
| @ALL OTHER PROVIDERS | 0 | 0 | \$ | .00 | \$ | .00 | .000 | | .00 | | .00 |
| DURABLE MED. EQUIP. | 0 | Ō | т | .00 | 7 | .00 | .000 | -1 | .00 | 4 | .00 |
| BLOOD BANK | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| | 0 | 0 | | | | | | | | | |
| HEARING AID DISPENSERS | | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| MEDICAL TRANSPORTATION | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| AMBULANCES/AIR TRANS | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| OTHER TRANS | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| OTHER SERVICES | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| ACUPUNCTURE | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| ADULT DAY HEALTH CARE CTR | 0 | Ō | | .00 | | .00 | .000 | | .00 | | .00 |
| GENETIC DISEASE TESTING | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| IHMC, MODEL-NF, NF, AIDS, MSSP | · · · · · · · · · · · · · · · · · · · | | | | | | | | | | |
| OCCUPATIONAL THERAPIST | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| OPTICIAN | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| PHYSICAL THERAPIST | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| PORTABLE X-RAY | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| PROSTHETIST/ORTHOTISTS | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| | | | | | | | | | | | |

| PROSTHETICS | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
|--------------------------------------|---------------|---|-------------|-----|-----------|------|-----------|-----------|
| ORTHOTICS | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| PSYCHOLOGIST | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| SPEECH AND AUDIOLOGY | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| HOSPICE SERVICES | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| NONINST BIRTHING CENTERS | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| LOCAL EDUCATION AGENCIES | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| EPSDT SUPPLEMENTAL SERVICE | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| RESPIRATORY CARE PRACT. | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| PED SUBACUTE REHAB/WEANING | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER PROVIDERS | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| @CALIF. CHILDREN SERVICES* | 0 | 0 | \$ | .00 | \$.00 | .000 | \$.00 | \$.00 |
| @XOVER EXCLUDING STATE HOSP** | 0 | 0 | \$ | .00 | \$.00 | .000 | \$.00 | \$.00 |
| A* MOMAIC IN MURCE IINEC ADE CIVEN A | a v chuvuvur. | | THEM ONITY. | | | | | |

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

MOP024

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 FEE-FOR-SERVICE/DENTAL

PAGE 1,249

03/14/05

BUTTE COUNTY SUMMARY OF SERVICES FOR MINOR CONSENT AID CODES AID CODES 7M 7P 7R 7N

| | | | | | | MON | ITHLY AVERA | GE |
|-----------------------|-------|-----------------|----|--------------|--------------|------------|-------------|-----------|
| 659 ELIGIBLES | USERS | UNITS OF SERVIC | E | EXPENDITURES | AVERAGE COST | UNITS/DAYS | COST PER | COST PER |
| | | OR DAYS OF CAR | E | | PER UNIT/DAY | PER ELIG | USER | ELIGIBLE |
| @TOTAL, ALL PROVIDERS | 499 | 3,564 | \$ | 247,090.64 | \$ 69.33 | 5.408 | 495.17 | \$ 374.95 |
| @PHYSICIANS SERVICES | 159 | 464 | \$ | 39,690.29 | \$ 85.54 | .704 | 249.62 | \$ 60.23 |
| OUTPATIENT VISITS | 66 | 96 | | 8,486.13 | 88.40 | .146 | 128.58 | 12.88 |
| OFFICE VISITS | 17 | 20 | | 1,186.28 | 59.31 | .030 | 69.78 | 1.80 |
| HOME VISITS | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| EMERGENCY ROOM | 7 | 10 | | 493.50 | 49.35 | .015 | 70.50 | .75 |
| PREVENTIVE CARE | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| OB VISITS/COMPRE PERI | 46 | 66 | | 6,806.35 | 103.13 | .100 | 147.96 | 10.33 |
| OTHER OUTPATIENT | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| INPATIENT VISITS | 22 | 49 | | 2,181.46 | 44.52 | .074 | 99.16 | 3.31 |

| HOSPITAL VISITS | 22 | 48 | | 2,048.79 | | 42.68 | .073 | | 93.13 | | 3.11 |
|----------------------------|-----------------------|-----------|-------|--------------------|-------|----------------|------|-----|--------|----|-----------|
| CRITICAL CARE | 1 | 1 | | 132.67 | | 132.67 | .002 | | 132.67 | | .20 |
| SNF/ICF/TRANS IP CARE | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| OPHTHALMOLOGICAL SERVICES | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| EXAMINATIONS | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| SERVICES AND MATERIALS | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| INPATIENT HOSPITAL SURGERY | 29 | 165 | | 21,337.99 | | 129.32 | .250 | | 735.79 | | 32.38 |
| PRINCIPAL SURGEON | 23 | 25 | | 19,469.51 | | 778.78 | .038 | | 846.50 | | 29.54 |
| ASSISTANT SURGEON | 2 | 2 | | 373.00 | | 186.50 | .003 | | 186.50 | | .57 |
| ANESTHESIOLOGIST | 9 | 138 | | 1,495.48 | | 10.84 | .209 | | 166.16 | | 2.27 |
| OUTPATIENT SURGERY | 17 | 28 | | 3,121.85 | | 111.49 | .042 | | 183.64 | | 4.74 |
| PRINCIPAL SURGEON | 16 | 17 | | 2,778.43 | | 163.44 | .026 | | 173.65 | | 4.22 |
| ASSISTANT SURGEON | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| ANESTHESIOLOGIST | 4 | 11 | | 343.42 | | 31.22 | .017 | | 85.86 | | .52 |
| DIALYSIS | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| PATHOLOGY | 21 | 27 | | 726.77 | | 26.92 | .041 | | 34.61 | | 1.10 |
| RADIOLOGY | 48 | 57 | | 2,881.38 | | 50.55 | .086 | | 60.03 | | 4.37 |
| PSYCHIATRY | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| IMMUNIZATION AND INJECTION | 5 | 17 | | 239.88 | | 14.11 | .026 | | 47.98 | | .36 |
| OTHER SERVICES/ALL X-OVERS | 11 | 25 | | 714.83 | | 28.59 | .038 | | 64.98 | | 1.08 |
| @PHARMACY | 99 | 189 | \$ | 6,288.70 | \$ | 33.27 | .287 | \$ | 63.52 | \$ | 9.54 |
| PRESCRIPTION DRUGS | 99 | 189 | | 6,288.70 | | 33.27 | .287 | | 63.52 | | 9.54 |
| SNF/ICF | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| OUTPATIENTS | 99 | 189 | | 6,288.70 | | 33.27 | .287 | | 63.52 | | 9.54 |
| MEDICAL SUPPLIES | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| @DENTIST | 0 | 0 | \$ | .00 | \$ | .00 | .000 | \$ | .00 | \$ | .00 |
| VISITS - DIAGNOSTIC | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| ORAL SURGERY | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| DRUGS | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| ANESTHESIA | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| PERIODONTICS | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| ENDODONTICS | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| RESTORATIVE DENTISTRY | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| PROSTHETICS | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| DENTURES, STAYPLATES | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| SPACE MAINTAINERS | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| MAXILLOFACIAL SERVICES | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| FRACTURES, DISLOCATIONS | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| ORTHODONTIC SERVICES | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| ALL OTHER SERVICES | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| #CALIF DEPT OF HEALTH SERV | MEDI-CAL SERVICES AND | EXPENDITU | RES M | ONTH-OF-PAYMENT RE | EPORT | ' FOR JAN 2004 | THRU | DEC | 2004 | Ρž | AGE 1,250 |
| MOP024 | FEE-FOR-SERVICE/DENTA | L | | | | | | | | | 03/14/05 |
| | | | | | | | | | | | |

BUTTE COUNTY SUMMARY OF SERVICES FOR MINOR CONSENT AID CODES AID CODES 7M 7P 7R 7N

| | | | | | | MC | TNC | HLY AVERA | GE | |
|----------------------------|-------|------------------|--------------|------|-----------|------------|-----|-----------|----|----------|
| 659 ELIGIBLES | USERS | UNITS OF SERVICE | EXPENDITURES | AVEF | RAGE COST | UNITS/DAYS | 3 | COST PER | | COST PER |
| | | OR DAYS OF CARE | | PER | UNIT/DAY | PER ELIG | | USER | | ELIGIBLE |
| @OPTOMETRIST | 0 | 0 | \$.00 | \$ | .00 | .000 | \$ | .00 | \$ | .00 |
| DIAGNOSTIC AND ANC. PROCED | 0 | 0 | .00 | | .00 | .000 | | .00 | | .00 |
| EYE APPLIANCES | 0 | 0 | .00 | | .00 | .000 | | .00 | | .00 |
| OTHER OPTOMETRIC SERVICES | 0 | 0 | .00 | | .00 | .000 | | .00 | | .00 |
| @CHIROPRACTOR | 0 | 0 | \$.00 | \$ | .00 | .000 | \$ | .00 | \$ | .00 |
| VISITS | 0 | 0 | .00 | | .00 | .000 | | .00 | | .00 |
| OTHER SERVICES | 0 | 0 | .00 | | .00 | .000 | | .00 | | .00 |
| @PODIATRIST | 0 | 0 | \$.00 | \$ | .00 | .000 | \$ | .00 | \$ | .00 |
| MEDICINE/INJECTIONS | 0 | 0 | .00 | | .00 | .000 | | .00 | | .00 |
| SURGERY/ANES. | 0 | 0 | .00 | | .00 | .000 | | .00 | | .00 |

| RADIO./PATHOLOGY | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
|------------------------------|------------------|---------------------|-------|---------------|-------|---------------|--------------|------|-----------|------|------------|
| OTHER | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| @HOME HEALTH AGENCY | 4 | 7 : | \$ | 345.10 | \$ | 49.30 | .011 | \$ | 86.28 | \$ | .52 |
| NURSE ANESTHESIST | 6 | 48 | \$ | 753.12 | \$ | 15.69 | .073 | \$ | 125.52 | \$ | 1.14 |
| NURSE MIDWIFE | 99 | 1,144 | \$ | 14,344.99 | \$ | 12.54 | 1.736 | \$ | 144.90 | \$ | 21.77 |
| PEDIATRIC NURSE PRACTITIONER | 0 | 0 : | \$ | .00 | \$ | .00 | .000 | \$ | .00 | \$ | .00 |
| FAMILY NURSE PRACTITIONER | 0 | 0 : | \$ | .00 | \$ | .00 | .000 | \$ | .00 | \$ | .00 |
| @TOTAL HOSPITAL | 200 | 890 | \$ | 146,230.94 | \$ | 164.30 | 1.351 | | 731.15 | \$ | 221.90 |
| HOSP INPATIENT TOTAL | 33 | 148 | | 124,024.76 | · | 838.01 | .225 | • | 3758.33 | | 188.20 |
| HSC HOSPITALS | 1 | 5 | | 6,200.00 | | 1240.00 | .008 | | 6200.00 | | 9.41 |
| NON-HSC HOSPITAL TOTAL | 32 | 143 | | 117,824.76 | | 823.95 | .217 | | 3682.02 | | 178.79 |
| ACCOMMODATIONS | 32 | 143 | | 50,292.01 | | 351.69 | .217 | | 1571.63 | | 76.32 |
| ADMINISTRATIVE DAYS | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| TRANSITIONAL IP CARE | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| ALL OTHER ACCOM | 32 | 143 | | 50,292.01 | | 351.69 | .217 | | 1571.63 | | 76.32 |
| ANCILLARIES | 32 | 0 | | 67,532.75 | | .00 | .000 | | 2110.40 | | 102.48 |
| INPATIENT CROSSOVERS | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| ALL OTHER INPATIENT | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| | 186 | 742 | | | | 29.93 | 1.126 | | 119.39 | | 33.70 |
| HOSP OUTPATIENT TOTAL | | | | 22,206.18 | | | | | | | |
| MEDICAL | 32 | 44 | | 3,350.02 | | 76.14 | .067 | | 104.69 | | 5.08 |
| SURGERY | 18 | 25 | | 937.92 | | 37.52 | .038 | | 52.11 | | 1.42 |
| PATHOLOGY | 126 | 378 | | 5,879.03 | | 15.55 | .574 | | 46.66 | | 8.92 |
| RADIOLOGY | 55 | 60 | | 4,246.72 | | 70.78 | .091 | | 77.21 | | 6.44 |
| ROOM USE | 74 | 136 | | 5,698.54 | | 41.90 | .206 | | 77.01 | | 8.65 |
| CROSSOVERS/ALL OTH OUTPINT | 48 | 99 | | 2,093.95 | | 21.15 | .150 | | 43.62 | | 3.18 |
| @COUNTY HOSPITAL TOTAL | 7 | | \$ | 2,830.73 | \$ | 41.03 | .105 | \$ | 404.39 | \$ | 4.30 |
| CO HOSPITAL INPATIENT TOTAL | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| HSC HOSPITALS | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| NON-HSC HOSPITALS TOTAL | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| ACCOMMODATIONS | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| ADMINISTRATIVE DAYS | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| TRANSITIONAL IP CARE | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| ALL OTHER ACCOM | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| ANCILLARIES | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| INPATIENT CROSSOVERS | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| ALL OTHER INPATIENT | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| CO HOSP OUTPATIENT TOTAL | 7 | 69 | | 2,830.73 | | 41.03 | .105 | | 404.39 | | 4.30 |
| MEDICAL | 2 | 3 | | 293.44 | | 97.81 | .005 | | 146.72 | | .45 |
| SURGERY | 6 | 9 | | 246.70 | | 27.41 | .014 | | 41.12 | | .37 |
| PATHOLOGY | 4 | 22 | | 620.70 | | 28.21 | .033 | | 155.18 | | .94 |
| RADIOLOGY | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| ROOM USE | 5 | 16 | | 1,027.32 | | 64.21 | .024 | | 205.46 | | 1.56 |
| CROSSOVERS/ALL OTH OUTPTNT | 6 | 19 | | 642.57 | | 33.82 | .029 | | 107.10 | | .98 |
| | | ES AND EXPENDITURES | S MON | | REPOR | | | DEC | | P? | AGE 1,251 |
| MOP024 | FEE-FOR-SERVICE | | | | 0 | | 2001 111110 | | 2001 | | 03/14/05 |
| BUTTE COUNTY | | ICES FOR MINOR CON | NSENT | AID CODES AID | CODE | S 7M 7P 7R | 7 N | | | | 00, 11, 00 |
| BOTTE GOONTI | DOINING OF DERCY | 1010 1010 HINOR COL | | THE CODEO THE | CODI | 30 /11 /1 /10 | M | ONTI | HIY AVERA | GE . | |
| 659 ELIGIBLES | USERS | UNITS OF SERVICE | | EXPENDITURES | 7.4 | ERAGE COST | | | | | COST PER |
| 009 EDIGIDDES | ODERO | OR DAYS OF CARE | | EXIENDITORES | | ER UNIT/DAY | | | USER | | ELIGIBLE |
| @COMMUNITY HOSPITAL TOTAL | 194 | 821 S | ¢ | 143,400.21 | | 174.67 | 1.246 | | 739.18 | | 217.60 |
| COMM HOSP INPATIENT TOTAL | 33 | 148 | ۲ | 124,024.76 | Y | 838.01 | .225 | Y | 3758.33 | Y | 188.20 |
| HSC HOSPITALS | 1 | 5 | | 6,200.00 | | 1240.00 | .008 | | 6200.00 | | 9.41 |
| NON-HSC HOSPITALS TOTAL | 32 | 143 | | 117,824.76 | | 823.95 | | | 3682.02 | | 178.79 |
| | 32 | 143 | | 50,292.01 | | 351.69 | .217 .217 | | 1571.63 | | 76.32 |
| ACCOMMODATIONS | | | | • | | | | | | | |
| ADMINISTRATIVE DAYS | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| TRANSITIONAL IP CARE | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| | | | | | | | | | | | |

| ALL OTHER ACCOM | 32 | 143 | | 50,292.01 | | 351.69 | .217 | | 1571.63 | | 76.32 |
|------------------------------|-------------------------|---------|--------|---------------------|-------|----------------|-------|-----|---------|----|-----------|
| ANCILLARIES | 32 | 0 | | 67 , 532.75 | | .00 | .000 | | 2110.40 | | 102.48 |
| INPATIENT CROSSOVERS | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| ALL OTHER INPATIENT | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| COMM HOSP OUTPATIENT TOTAL | 180 | 673 | | 19,375.45 | | 28.79 | 1.021 | | 107.64 | | 29.40 |
| MEDICAL | 30 | 41 | | 3,056.58 | | 74.55 | .062 | | 101.89 | | 4.64 |
| SURGERY | 12 | 16 | | 691.22 | | 43.20 | .024 | | 57.60 | | 1.05 |
| PATHOLOGY | 122 | 356 | | 5,258.33 | | 14.77 | .540 | | 43.10 | | 7.98 |
| RADIOLOGY | 55 | 60 | | 4,246.72 | | 70.78 | .091 | | 77.21 | | 6.44 |
| ROOM USE | 69 | 120 | | 4,671.22 | | 38.93 | .182 | | 67.70 | | 7.09 |
| CROSSOVERS/ALL OTH OUTPINT | 42 | 80 | | 1,451.38 | | 18.14 | .121 | | 34.56 | | 2.20 |
| @STATE HOSPITAL | 0 | 0 | \$ | .00 | \$ | .00 | .000 | \$ | .00 | \$ | .00 |
| MENTALLY ILL | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| DEVELOP. DISABLED | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| @NURSING FACILITY | 0 | 0 | \$ | .00 | \$ | .00 | .000 | \$ | .00 | \$ | .00 |
| LEV A-INTERMEDIATE | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| LEV B-REHAB MD | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| LEV B-SUBACUTE FREESTANDING | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| LEV B-SUBACUTE HSPTL BASED | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| LEV B-TRANSITIONAL IP CARE | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| LEV B-REGULAR | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| @INTERMEDIATE CARE FACILDD | 0 | 0 | \$ | .00 | \$ | .00 | .000 | \$ | .00 | \$ | .00 |
| ICF DDH | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| ICF DD | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| ICF DDN/DDCN | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| @HEMODIALYSIS TOTAL | 0 | 0 | \$ | .00 | \$ | .00 | .000 | \$ | .00 | \$ | .00 |
| HOSPITAL BASED | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| HEMODIALYSIS CENTER | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| @REHABILITATION FACILITY | 0 | 0 | \$ | .00 | \$ | .00 | .000 | \$ | .00 | \$ | .00 |
| HOSPITAL BASED | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| INDEPENDENT FACILITY | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| @LABORATORY FACILITY | 88 | 218 | \$ | 4,476.73 | \$ | 20.54 | .331 | \$ | 50.87 | \$ | 6.79 |
| PATHOLOGY | 88 | 218 | | 4,476.73 | | 20.54 | .331 | | 50.87 | | 6.79 |
| XO AND OTHERS | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| @ORGANIZED OUTPATIENT CLINIC | 125 | 506 | \$ | 29,343.84 | \$ | 57.99 | .768 | \$ | 234.75 | \$ | 44.53 |
| CLINIC | 79 | 424 | | 17,825.06 | | 42.04 | .643 | | 225.63 | | 27.05 |
| SURGICENTER | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| HEROIN DETOX CLINIC | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| RURAL HEALTH CLINIC | 47 | 82 | | 11,518.78 | | 140.47 | .124 | | 245.08 | | 17.48 |
| #CALIF DEPT OF HEALTH SERV | MEDI-CAL SERVICES AND E | XPENDIT | URES I | MONTH-OF-PAYMENT RE | EPOR' | T FOR JAN 2004 | THRU | DEC | 2004 | PA | AGE 1,252 |
| MOP024 | FEE-FOR-SERVICE/DENTAL | | | | | | | | | | 03/14/05 |
| BUTTE COUNTY | SUMMARY OF SERVICES FOR | MINOR | CONSI | ENT AID CODES AID (| CODE | S 7M 7P 7R 7N | | | | | |

----- MONTHLY AVERAGE -----659 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE 98 \$ 5,616.93 \$ 57.32 .149 \$ 244.21 \$ @ALL OTHER PROVIDERS 23 8.52 .00 .00 DURABLE MED. EQUIP. BLOOD BANK 0 0 .00 HEARING AID DISPENSERS 0 .00 78 MEDICAL TRANSPORTATION 5.34 77 AMBULANCES/AIR TRANS 2.61 .00 OTHER TRANS 0 OTHER SERVICES 1 2.73 0 ACUPUNCTURE .00 0 0 ADULT DAY HEALTH CARE CTR .00 GENETIC DISEASE TESTING 3.19

| IHMC, MODEL-NF, NF, AIDS, MSSP | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
|--------------------------------|---|---|-----------|-----------|------|--------|--------|
| OCCUPATIONAL THERAPIST | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OPTICIAN | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PHYSICAL THERAPIST | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PORTABLE X-RAY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PROSTHETIST/ORTHOTISTS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PROSTHETICS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ORTHOTICS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PSYCHOLOGIST | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| SPEECH AND AUDIOLOGY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| HOSPICE SERVICES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| NONINST BIRTHING CENTERS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| LOCAL EDUCATION AGENCIES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| EPSDT SUPPLEMENTAL SERVICE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| RESPIRATORY CARE PRACT. | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PED SUBACUTE REHAB/WEANING | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER PROVIDERS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| @CALIF. CHILDREN SERVICES* | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 |
| @XOVER EXCLUDING STATE HOSP** | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 |
| | | | | | | | |

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 1,253
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
BUTTE COUNTY SUMMARY OF SERVICES FOR EDWARDS CASES IN PA-FAMILIES AID CODE 38

----- MONTHLY AVERAGE -----5,729 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE 3,615 211.17 \$ 133.25 @TOTAL, ALL PROVIDERS 13,216 763,383.47 \$ 57.76 2.307 \$.224 \$ 94.93 \$ 10.14 @PHYSICIANS SERVICES 612 1,286 58,094.25 \$ 45.17 313 375 50.88 OUTPATIENT VISITS 15,926.84 42.47 .065 2.78 33.48 .00 55.72 216 38.45 OFFICE VISITS 248 8,304.15 .043 .00 .00 HOME VISITS 0 0 .000 .00 83 96 5,348.79 EMERGENCY ROOM .017 64.44 0 .00 PREVENTIVE CARE 0 .00 .000 29 76.72 24.57 OB VISITS/COMPRE PERI 17 2,224.76 .005 130.87 .39 2 2 49.14 OTHER OUTPATIENT .000 24.57 .01 30 10,452.68 94.17 .019 348.42 INPATIENT VISITS 111 29 4 HOSPITAL VISITS 73 3,559.78 48.76 .013 122.75 . 62 4 38 CRITICAL CARE 6,892.90 181.39 .007 1723.23 1.20 0 0 .00 .00 .000 .00 .00 SNF/ICF/TRANS IP CARE 21 18 802.08 38.19 .004 44.56 OPHTHALMOLOGICAL SERVICES .14 20 EXAMINATIONS 17 773.85 38.69 .003 45.52 .14 1 28.23 28.23 SERVICES AND MATERIALS 28.23 .000 116.32 INPATIENT HOSPITAL SURGERY 12 45 5,234.40 .008 436.20 .91 9 4,419.88 491.10 .002 491.10 PRINCIPAL SURGEON 186.50 186.50 .000 186.50 ASSISTANT SURGEON ANESTHESIOLOGIST 35 17.94 157.01 4 628.02 .006 .11 57 233 10,535.39 45.22 184.83 OUTPATIENT SURGERY .041 1.84 117.25 174.57 PRINCIPAL SURGEON 7,855.65 .012 0 0 ASSISTANT SURGEON .00 .00 .000 .00 .00 17 166 2,679.74 16.14 157.63 ANESTHESIOLOGIST .029 . 47 .00 .00 .000 .00 DIALYSIS 23 840.32 PATHOLOGY 41 20.50 .007 36.54 .15 238 336 9,005.29 26.80 37.84 RADIOLOGY .059 1.57 PSYCHIATRY 0 .00 .000 .00 .00

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

| IMMUNIZATION AND INJECTION | 11 | 15 | | 1,477.18 | | 98.48 | .003 | 134.29 | | .26 |
|----------------------------|-----------------|------------------|--------|--------------------|---------|----------|-------------|-------------|------|-----------|
| OTHER SERVICES/ALL X-OVERS | 74 | 109 | | 3,820.07 | | 35.05 | .019 | 51.62 | | .67 |
| @PHARMACY | 1,703 | 4,081 | \$ | 204,500.30 | \$ | 50.11 | .712 | \$ 120.08 | \$ | 35.70 |
| PRESCRIPTION DRUGS | 1,689 | 3 , 798 | | 200,994.39 | | 52.92 | .663 | 119.00 | | 35.08 |
| SNF/ICF | 0 | 0 | | .00 | | .00 | .000 | .00 | | .00 |
| OUTPATIENTS | 1,689 | 3 , 798 | | 200,994.39 | | 52.92 | .663 | 119.00 | | 35.08 |
| MEDICAL SUPPLIES | 44 | 283 | | 3,505.91 | | 12.39 | .049 | 79.68 | | .61 |
| @DENTIST | 220 | 1,229 | \$ | 35 , 804.69 | \$ | 29.13 | .215 | \$ 162.75 | \$ | 6.25 |
| VISITS - DIAGNOSTIC | 167 | 804 | | 11,291.90 | | 14.04 | .140 | 67.62 | | 1.97 |
| ORAL SURGERY | 28 | 67 | | 2,961.00 | | 44.19 | .012 | 105.75 | | .52 |
| DRUGS | 7 | 7 | | 150.00 | | 21.43 | .001 | 21.43 | | .03 |
| ANESTHESIA | 1 | 1 | | 100.00 | 1 | 100.00 | .000 | 100.00 | | .02 |
| PERIODONTICS | 2 | 2 | | 236.00 | 1 | 18.00 | .000 | 118.00 | | .04 |
| ENDODONTICS | 23 | 56 | | 5,964.45 | 1 | 106.51 | .010 | 259.32 | | 1.04 |
| RESTORATIVE DENTISTRY | 73 | 260 | | 13,660.34 | | 52.54 | .045 | 187.13 | | 2.38 |
| PROSTHETICS | 0 | 0 | | .00 | | .00 | .000 | .00 | | .00 |
| DENTURES, STAYPLATES | 2 | 3 | | 330.00 | 1 | 10.00 | .001 | 165.00 | | .06 |
| SPACE MAINTAINERS | 3 | 4 | | 351.00 | | 87.75 | .001 | 117.00 | | .06 |
| MAXILLOFACIAL SERVICES | 0 | 0 | | .00 | | .00 | .000 | .00 | | .00 |
| FRACTURES, DISLOCATIONS | 0 | 0 | | .00 | | .00 | .000 | .00 | | .00 |
| ORTHODONTIC SERVICES | 10 | 11 | | 610.00 | | 55.45 | .002 | 61.00 | | .11 |
| ALL OTHER SERVICES | 8 | 14 | | 150.00 | | 10.71 | .002 | 18.75 | | .03 |
| #CALIF DEPT OF HEALTH SERV | MEDI-CAL SERVIC | ES AND EXPENDITU | RES MO | NTH-OF-PAYMENT RE | EPORT I | FOR JAN | 2004 THRU D | EC 2004 | PI | AGE 1,254 |
| MOP024 | FEE-FOR-SERVICE | /DENTAL | | | | | | | | 03/14/05 |
| BUTTE COUNTY | SUMMARY OF SERV | ICES FOR EDWARI | S CASE | S IN PA-FAMILIES | Z | AID CODE | 38 | | | |
| | | | | | | | MO | NTHLY AVERA | GE - | |
| 5,729 ELIGIBLES | USERS | UNITS OF SERVIC | Œ | EXPENDITURES | AVER/ | AGE COST | UNITS/DAYS | COST PER | (| COST PER |
| | | OR DAYS OF CAR | RΕ | | PER U | JNIT/DAY | PER ELIG | USER | E | ELIGIBLE |
| @OPTOMETRIST | 58 | 134 | \$ | 3,230.41 | \$ | 24.11 | .023 | \$ 55.70 | \$ | .56 |
| DIAGNOSTIC AND ANC. PROCED | 36 | 38 | | 1,606.17 | | 42.27 | .007 | 44.62 | | .28 |
| EYE APPLIANCES | 38 | 94 | | 1,474.77 | | 15.69 | .016 | 38.81 | | .26 |
| OTHER OPTOMETRIC SERVICES | 2 | 2 | | 149.47 | | 74.74 | .000 | 74.74 | | .03 |
| | | | | | | | | | | |

| COULDODDACEOD | 2 | 4 | Ċ | 66.00 | Ċ | 16 70 | 0.01 | Ċ | 22 44 | Ċ | 0.1 |
|------------------------------|-----------------|--------------------|-------|-------------------|------|--------------|----------|------|-----------|------|----------|
| @CHIROPRACTOR | 2 | 4 | \$ | 66.88 | \$ | 16.72 | .001 | Ş | 33.44 | Ş | .01 |
| VISITS | 2 | 4 | | 66.88 | | 16.72 | .001 | | 33.44 | | .01 |
| OTHER SERVICES | 0 | 0 | | .00 | | .00 | .000 | | .00 | _ | .00 |
| @PODIATRIST | 1 | 1 | \$ | 24.00 | \$ | 24.00 | .000 | Ş | 24.00 | Ş | .00 |
| MEDICINE/INJECTIONS | 1 | 1 | | 24.00 | | 24.00 | .000 | | 24.00 | | .00 |
| SURGERY/ANES. | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| RADIO./PATHOLOGY | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| OTHER | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| @HOME HEALTH AGENCY | 2 | 3 | \$ | 179.85 | \$ | 59.95 | .001 | \$ | 89.93 | | .03 |
| NURSE ANESTHESIST | 4 | 25 | \$ | 346.57 | \$ | 13.86 | .004 | \$ | 86.64 | | .06 |
| NURSE MIDWIFE | 24 | 93 | \$ | 3,070.23 | \$ | 33.01 | .016 | \$ | 127.93 | | .54 |
| PEDIATRIC NURSE PRACTITIONER | 0 | 0 | \$ | .00 | \$ | .00 | .000 | \$ | .00 | \$ | .00 |
| FAMILY NURSE PRACTITIONER | 1 | 1 | \$ | 26.18 | \$ | 26.18 | .000 | \$ | 26.18 | \$ | .00 |
| @TOTAL HOSPITAL | 904 | 3,192 | \$ | 271,539.02 | \$ | 85.07 | .557 | \$ | 300.38 | \$ | 47.40 |
| HOSP INPATIENT TOTAL | 31 | 120 | | 176,089.03 | | 1467.41 | .021 | | 5680.29 | | 30.74 |
| HSC HOSPITALS | 3 | 43 | | 69,640.00 | | 1619.53 | .008 | | 23213.33 | | 12.16 |
| NON-HSC HOSPITAL TOTAL | 28 | 77 | | 106,449.03 | | 1382.45 | .013 | | 3801.75 | | 18.58 |
| ACCOMMODATIONS | 28 | 77 | | 35,389.59 | | 459.61 | .013 | | 1263.91 | | 6.18 |
| ADMINISTRATIVE DAYS | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| TRANSITIONAL IP CARE | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| ALL OTHER ACCOM | 28 | 77 | | 35,389.59 | | 459.61 | .013 | | 1263.91 | | 6.18 |
| ANCILLARIES | 28 | 0 | | 71,059.44 | | .00 | .000 | | 2537.84 | | 12.40 |
| INPATIENT CROSSOVERS | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| ALL OTHER INPATIENT | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| HOSP OUTPATIENT TOTAL | 892 | 3,072 | | 95,449.99 | | 31.07 | .536 | | 107.01 | | 16.66 |
| MEDICAL | 541 | 722 | | 32,104.17 | | 44.47 | .126 | | 59.34 | | 5.60 |
| SURGERY | 50 | 64 | | 3,144.86 | | 49.14 | .011 | | 62.90 | | .55 |
| PATHOLOGY | 264 | 843 | | 12,078.55 | | 14.33 | .147 | | 45.75 | | 2.11 |
| RADIOLOGY | 172 | 228 | | 12,345.92 | | 54.15 | .040 | | 71.78 | | 2.15 |
| | 632 | 805 | | | | | | | | | |
| ROOM USE | 233 | | | 29,834.62 | | 37.06 | .141 | | 47.21 | | 5.21 |
| CROSSOVERS/ALL OTH OUTPTNT | | 410 | Ċ | 5,941.87 | Ċ | 14.49 | .072 | ć | 25.50 | Ċ | 1.04 |
| @COUNTY HOSPITAL TOTAL | 3 | 21 | \$ | 591.05 | \$ | 28.15 | .004 | Ş | 197.02 | Ş | .10 |
| CO HOSPITAL INPATIENT TOTAL | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| HSC HOSPITALS | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| NON-HSC HOSPITALS TOTAL | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| ACCOMMODATIONS | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| ADMINISTRATIVE DAYS | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| TRANSITIONAL IP CARE | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| ALL OTHER ACCOM | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| ANCILLARIES | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| INPATIENT CROSSOVERS | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| ALL OTHER INPATIENT | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| CO HOSP OUTPATIENT TOTAL | 3 | 21 | | 591.05 | | 28.15 | .004 | | 197.02 | | .10 |
| MEDICAL | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| SURGERY | 1 | 2 | | 59.22 | | 29.61 | .000 | | 59.22 | | .01 |
| PATHOLOGY | 2 | 9 | | 151.29 | | 16.81 | .002 | | 75.65 | | .03 |
| RADIOLOGY | 1 | 1 | | 26.44 | | 26.44 | .000 | | 26.44 | | .00 |
| ROOM USE | 3 | 6 | | 328.21 | | 54.70 | .001 | | 109.40 | | .06 |
| CROSSOVERS/ALL OTH OUTPINT | 1 | 3 | | 25.89 | | 8.63 | .001 | | 25.89 | | .00 |
| #CALIF DEPT OF HEALTH SERV | MEDI-CAL SERVIO | CES AND EXPENDITUR | RES M | ONTH-OF-PAYMENT R | EPOR | T FOR JAN 20 | 004 THRU | DEC | 2004 | PA | GE 1,255 |
| MOP024 | FEE-FOR-SERVICE | E/DENTAL | | | | | | | | | 03/14/05 |
| BUTTE COUNTY | SUMMARY OF SERV | JICES FOR EDWARDS | S CAS | ES IN PA-FAMILIES | | AID CODE 3 | 38 | | | | |
| | | | | | | | | IONT | HLY AVERA | GE - | |
| 5,729 ELIGIBLES | USERS | UNITS OF SERVICE | € | EXPENDITURES | AV | ERAGE COST U | | | | | COST PER |
| · | | OR DAYS OF CAR | | | | R UNIT/DAY | | | USER | | LIGIBLE |
| @COMMUNITY HOSPITAL TOTAL | 901 | 3,171 | | 270,947.97 | \$ | | .553 | | | | 47.29 |
| | | -, | | ,, = = | | | | ' | | | . – - |

| COMM HOSP INPATIENT TOTAL | 31 | 120 | | 176,089.03 | | 1467.41 | .021 | | 5680.29 | | 30.74 |
|------------------------------|------------------|-------------------|---------|------------------|---------|----------------|-------------|-----|-----------|-----|-----------|
| HSC HOSPITALS | 3 | 43 | | 69,640.00 | | 1619.53 | .008 | | 23213.33 | | 12.16 |
| NON-HSC HOSPITALS TOTAL | 28 | 77 | | 106,449.03 | | 1382.45 | .013 | | 3801.75 | | 18.58 |
| ACCOMMODATIONS | 28 | 77 | | 35,389.59 | | 459.61 | .013 | | 1263.91 | | 6.18 |
| ADMINISTRATIVE DAYS | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| TRANSITIONAL IP CARE | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| ALL OTHER ACCOM | 28 | 77 | | 35,389.59 | | 459.61 | .013 | | 1263.91 | | 6.18 |
| ANCILLARIES | 28 | 0 | | 71,059.44 | | .00 | .000 | | 2537.84 | | 12.40 |
| INPATIENT CROSSOVERS | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| ALL OTHER INPATIENT | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| | 889 | | | | | | | | | | |
| COMM HOSP OUTPATIENT TOTAL | | 3,051 | | 94,858.94 | | 31.09 | .533 | | 106.70 | | 16.56 |
| MEDICAL | 541 | 722 | | 32,104.17 | | 44.47 | .126 | | 59.34 | | 5.60 |
| SURGERY | 49 | 62 | | 3,085.64 | | 49.77 | .011 | | 62.97 | | .54 |
| PATHOLOGY | 262 | 834 | | 11,927.26 | | 14.30 | .146 | | 45.52 | | 2.08 |
| RADIOLOGY | 171 | 227 | | 12,319.48 | | 54.27 | .040 | | 72.04 | | 2.15 |
| ROOM USE | 629 | 799 | | 29,506.41 | | 36.93 | .139 | | 46.91 | | 5.15 |
| CROSSOVERS/ALL OTH OUTPTNT | | 407 | _ | 5,915.98 | _ | 14.54 | .071 | _ | 25.50 | _ | 1.03 |
| @STATE HOSPITAL | 0 | 0 | \$ | .00 | \$ | .00 | .000 | Ş | .00 | Ş | .00 |
| MENTALLY ILL | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| DEVELOP. DISABLED | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| @NURSING FACILITY | 0 | 0 | \$ | .00 | \$ | .00 | .000 | \$ | .00 | \$ | .00 |
| LEV A-INTERMEDIATE | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| LEV B-REHAB MD | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| LEV B-SUBACUTE FREESTANDING | | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| LEV B-SUBACUTE HSPTL BASED | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| LEV B-TRANSITIONAL IP CARE | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| LEV B-REGULAR | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| @INTERMEDIATE CARE FACILDD | 0 | 0 | \$ | .00 | \$ | .00 | .000 | \$ | .00 | \$ | .00 |
| ICF DDH | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| ICF DD | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| ICF DDN/DDCN | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| @HEMODIALYSIS TOTAL | 0 | 0 | \$ | .00 | \$ | .00 | .000 | \$ | .00 | \$ | .00 |
| HOSPITAL BASED | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| HEMODIALYSIS CENTER | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| @REHABILITATION FACILITY | 4 | 23 | \$ | 871.11 | \$ | 37.87 | .004 | \$ | 217.78 | \$ | .15 |
| HOSPITAL BASED | 4 | 23 | | 871.11 | | 37.87 | .004 | | 217.78 | | .15 |
| INDEPENDENT FACILITY | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| @LABORATORY FACILITY | 143 | 373 | \$ | 6,030.72 | \$ | 16.17 | .065 | \$ | 42.17 | \$ | 1.05 |
| PATHOLOGY | 143 | 373 | | 6,030.72 | | 16.17 | .065 | | 42.17 | | 1.05 |
| XO AND OTHERS | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| @ORGANIZED OUTPATIENT CLINIC | 1,019 | 1,475 | \$ | 158,391.14 | \$ | 107.38 | .257 | \$ | 155.44 | \$ | 27.65 |
| CLINIC | 63 | 173 | · | 5,257.37 | • | 30.39 | .030 | | 83.45 | • | .92 |
| SURGICENTER | 4 | 33 | | 1,125.45 | | 34.10 | .006 | | 281.36 | | .20 |
| HEROIN DETOX CLINIC | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| RURAL HEALTH CLINIC | 958 | 1,269 | | 152,008.32 | | 119.79 | .222 | | 158.67 | | 26.53 |
| #CALIF DEPT OF HEALTH SERV | | ES AND EXPENDITUR | ES MO | | .PORT | | | DEC | | P | AGE 1,256 |
| MOP024 | FEE-FOR-SERVICE | | (LD 110 | | 11 01(1 | 1 1010 07110 2 | 2001 111110 | DLC | 2001 | Ι. | 03/14/05 |
| BUTTE COUNTY | | ICES FOR EDWARDS | CASE | S IN PA-FAMILIES | | AID CODE | 3.8 | | | | 00/11/00 |
| DOTTE COUNTY | DOIMING OF BEILV | TODO TON DOWNNOC | 01101 | | | MID CODE | M | ONT | HIY AVERA | GE. | |
| 5,729 ELIGIBLES | USERS | UNITS OF SERVICE | : | EXPENDITURES | AVE | ERAGE COST | | | | | COST PER |
| 0,723 111011110 | 002110 | OR DAYS OF CARE | | | | R UNIT/DAY | | | USER | | ELIGIBLE |
| @ALL OTHER PROVIDERS | 413 | 1,296 | | 21,208.12 | | 16.36 | .226 | | 51.35 | | 3.70 |
| DURABLE MED. EQUIP. | 16 | 47 | 7 | 2,105.64 | ~ | 44.80 | .008 | 7 | 131.60 | ~ | .37 |
| BLOOD BANK | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| HEARING AID DISPENSERS | 1 | 1 | | 25.00 | | 25.00 | .000 | | 25.00 | | .00 |
| MEDICAL TRANSPORTATION | 35 | 308 | | 8,150.40 | | 26.46 | .054 | | 232.87 | | 1.42 |
| THE TOTAL TIVENSTONIALION | 55 | 300 | | 0,100.40 | | 20.70 | .034 | | 202.01 | | 1.74 |

| | 2.5 | 206 | | 6 0 4 0 5 0 | | 00 50 | 0.50 | 101 16 | | |
|--------------------------------|--------------------|-------------|---------|-------------|----|--------|------|------------|----|-------|
| AMBULANCES/AIR TRANS | 35 | 306 | | 6,340.52 | | 20.72 | .053 | 181.16 | | 1.11 |
| OTHER TRANS | 0 | 0 | | .00 | | .00 | .000 | .00 | | .00 |
| OTHER SERVICES | 2 | 2 | | 1,809.88 | | 904.94 | .000 | 904.94 | | .32 |
| ACUPUNCTURE | 0 | 0 | | .00 | | .00 | .000 | .00 | | .00 |
| ADULT DAY HEALTH CARE CTR | 0 | 0 | | .00 | | .00 | .000 | .00 | | .00 |
| GENETIC DISEASE TESTING | 6 | 6 | | 630.00 | | 105.00 | .001 | 105.00 | | .11 |
| IHMC, MODEL-NF, NF, AIDS, MSSP | 0 | 0 | | .00 | | .00 | .000 | .00 | | .00 |
| OCCUPATIONAL THERAPIST | 0 | 0 | | .00 | | .00 | .000 | .00 | | .00 |
| OPTICIAN | 46 | 105 | | 936.23 | | 8.92 | .018 | 20.35 | | .16 |
| PHYSICAL THERAPIST | 2 | 22 | | 303.72 | | 13.81 | .004 | 151.86 | | .05 |
| PORTABLE X-RAY | 0 | 0 | | .00 | | .00 | .000 | .00 | | .00 |
| PROSTHETIST/ORTHOTISTS | 1 | 1 | | 22.26 | | 22.26 | .000 | 22.26 | | .00 |
| PROSTHETICS | 1 | 1 | | 22.26 | | 22.26 | .000 | 22.26 | | .00 |
| ORTHOTICS | 0 | 0 | | .00 | | .00 | .000 | .00 | | .00 |
| PSYCHOLOGIST | 1 | 4 | | 235.27 | | 58.82 | .001 | 235.27 | | .04 |
| SPEECH AND AUDIOLOGY | 30 | 61 | | 2,342.85 | | 38.41 | .011 | 78.10 | | .41 |
| HOSPICE SERVICES | 0 | 0 | | .00 | | .00 | .000 | .00 | | .00 |
| NONINST BIRTHING CENTERS | 0 | 0 | | .00 | | .00 | .000 | .00 | | .00 |
| LOCAL EDUCATION AGENCIES | 274 | 739 | | 6,440.73 | | 8.72 | .129 | 23.51 | | 1.12 |
| EPSDT SUPPLEMENTAL SERVICE | 0 | 0 | | .00 | | .00 | .000 | .00 | | .00 |
| RESPIRATORY CARE PRACT. | 0 | 0 | | .00 | | .00 | .000 | .00 | | .00 |
| PED SUBACUTE REHAB/WEANING | 0 | 0 | | .00 | | .00 | .000 | .00 | | .00 |
| ALL OTHER PROVIDERS | 2. | 2 | | 16.02 | | 8.01 | .000 | 8.01 | | .00 |
| @CALIF. CHILDREN SERVICES* | _ 8 | 963 | Ś | 61,788.13 | \$ | 64.16 | .168 | \$ 7723.52 | Ś | 10.79 |
| @XOVER EXCLUDING STATE HOSP** | 2 | 3 | \$ | 14.35 | \$ | 4.78 | .001 | \$ 7.18 | \$ | .00 |
| @* TOTALS IN THESE LINES ARE G | IVEN AS A SEPARATE | INFORMATION | ITEM ON | | • | , | | | • | |

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 1,257 MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05 SUMMARY OF SERVICES FOR SSI APPEAL/NLDC IN PA-DISABLED AID CODES 6N 6P BUTTE COUNTY

| MONTHLY AVERAGE - | | | | | | | | | |
|----------------------------|-------|------------------|----|--------------|--------------|------------|-----------|----|----------|
| 658 ELIGIBLES | USERS | UNITS OF SERVICE | | EXPENDITURES | AVERAGE COST | UNITS/DAYS | COST PER | | COST PER |
| | | OR DAYS OF CARE | | | PER UNIT/DAY | PER ELIG | USER | | ELIGIBLE |
| @TOTAL, ALL PROVIDERS | 299 | 1,396 | \$ | 71,363.00 | \$ 51.12 | 2.122 | \$ 238.67 | \$ | 108.45 |
| @PHYSICIANS SERVICES | 68 | 121 | \$ | 7,263.58 | \$ 60.03 | .184 | \$ 106.82 | \$ | 11.04 |
| OUTPATIENT VISITS | 38 | 47 | | 1,731.40 | 36.84 | .071 | 45.56 | | 2.63 |
| OFFICE VISITS | 26 | 31 | | 1,071.78 | 34.57 | .047 | 41.22 | | 1.63 |
| HOME VISITS | 0 | 0 | | .00 | .00 | .000 | .00 | | .00 |
| EMERGENCY ROOM | 8 | 9 | | 360.96 | 40.11 | .014 | 45.12 | | .55 |
| PREVENTIVE CARE | 0 | 0 | | .00 | .00 | .000 | .00 | | .00 |
| OB VISITS/COMPRE PERI | 1 | 1 | | 113.26 | 113.26 | .002 | 113.26 | | .17 |
| OTHER OUTPATIENT | 5 | 6 | | 185.40 | 30.90 | .009 | 37.08 | | .28 |
| INPATIENT VISITS | 1 | 3 | | 113.35 | 37.78 | .005 | 113.35 | | .17 |
| HOSPITAL VISITS | 1 | 3 | | 113.35 | 37.78 | .005 | 113.35 | | .17 |
| CRITICAL CARE | 0 | 0 | | .00 | .00 | .000 | .00 | | .00 |
| SNF/ICF/TRANS IP CARE | 0 | 0 | | .00 | .00 | .000 | .00 | | .00 |
| OPHTHALMOLOGICAL SERVICES | 0 | 0 | | .00 | .00 | .000 | .00 | | .00 |
| EXAMINATIONS | 0 | 0 | | .00 | .00 | .000 | .00 | | .00 |
| SERVICES AND MATERIALS | 0 | 0 | | .00 | .00 | .000 | .00 | | .00 |
| INPATIENT HOSPITAL SURGERY | 2 | 3 | | 1,647.76 | 549.25 | .005 | 823.88 | | 2.50 |
| PRINCIPAL SURGEON | 2 | 2 | | 1,554.68 | 777.34 | .003 | 777.34 | | 2.36 |
| ASSISTANT SURGEON | 1 | 1 | | 93.08 | 93.08 | .002 | 93.08 | | .14 |
| ANESTHESIOLOGIST | 0 | 0 | | .00 | .00 | .000 | .00 | | .00 |
| OUTPATIENT SURGERY | 3 | 5 | | 983.88 | 196.78 | .008 | 327.96 | | 1.50 |
| PRINCIPAL SURGEON | 3 | 5 | | 983.88 | 196.78 | .008 | 327.96 | | 1.50 |

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

| ASSISTANT SURGEON | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
|----------------------------|-------------------------|---------|-----------|--------------------|----------------|-----------|--------------|------------|
| ANESTHESIOLOGIST | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| DIALYSIS | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| PATHOLOGY | 5 | 6 | | 165.83 | 27.64 | .009 | 33.17 | .25 |
| RADIOLOGY | 23 | 28 | | 766.70 | 27.38 | .043 | 33.33 | 1.17 |
| PSYCHIATRY | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| IMMUNIZATION AND INJECTION | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| OTHER SERVICES/ALL X-OVERS | 14 | 29 | | 1,854.66 | 63.95 | .044 | 132.48 | 2.82 |
| @PHARMACY | 173 | 500 | \$ | 28,957.01 \$ | 57.91 | .760 | \$ 167.38 \$ | 44.01 |
| PRESCRIPTION DRUGS | 173 | 498 | | 28 , 980.08 | 58.19 | .757 | 167.51 | 44.04 |
| SNF/ICF | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| OUTPATIENTS | 173 | 498 | | 28 , 980.08 | 58.19 | .757 | 167.51 | 44.04 |
| MEDICAL SUPPLIES | 1 | 2 | | 23.07CR | 11.54CR | .003 | 23.07CR | .04CR |
| @DENTIST | 11 | 72 | \$ | 3,484.40 \$ | | .109 | | 5.30 |
| VISITS - DIAGNOSTIC | 7 | 44 | | 681.40 | 15.49 | .067 | 97.34 | 1.04 |
| ORAL SURGERY | 1 | 2 | | 83.00 | 41.50 | .003 | 83.00 | .13 |
| DRUGS | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| ANESTHESIA | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| PERIODONTICS | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| ENDODONTICS | 1 | 1 | | 260.00 | 260.00 | .002 | 260.00 | .40 |
| RESTORATIVE DENTISTRY | 7 | 19 | | 1,906.00 | 100.32 | .029 | 272.29 | 2.90 |
| PROSTHETICS | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| DENTURES, STAYPLATES | 1 | 4 | | 219.00 | 54.75 | .006 | 219.00 | .33 |
| SPACE MAINTAINERS | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| MAXILLOFACIAL SERVICES | 1 | 1 | | 300.00 | 300.00 | .002 | 300.00 | .46 |
| FRACTURES, DISLOCATIONS | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| ORTHODONTIC SERVICES | 1 | 1 | | 35.00 | 35.00 | .002 | 35.00 | .05 |
| ALL OTHER SERVICES | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| #CALIF DEPT OF HEALTH SERV | MEDI-CAL SERVICES AND E | XPENDIT | JRES MONT | H-OF-PAYMENT REPO | RT FOR JAN 200 |)4 THRU D | EC 2004 | PAGE 1,258 |
| MOP024 | FEE-FOR-SERVICE/DENTAL | | | | | | | 03/14/05 |
| BUTTE COUNTY | SUMMARY OF SERVICES FOR | SSI A | PPEAL/NLD | C IN PA-DISABLED | AID CODES 6N 6 | ΣP | | |
| | | | | | | | | |

| | | | | | | Mo | CNC | THLY AVERA | GE | |
|------------------------------|-------|------------------|-----------------|-----|------------|-----------|-----|------------|----|----------|
| 658 ELIGIBLES | USERS | UNITS OF SERVICE | EXPENDITURES | AVI | ERAGE COST | UNITS/DAY | S | COST PER | | COST PER |
| | | OR DAYS OF CARE | | PEI | R UNIT/DAY | PER ELIG | | USER | | ELIGIBLE |
| @OPTOMETRIST | 15 | 45 | \$ 867.30 | \$ | 19.27 | .068 | \$ | 57.82 | \$ | 1.32 |
| DIAGNOSTIC AND ANC. PROCED | 9 | 11 | 387.00 | | 35.18 | .017 | | 43.00 | | .59 |
| EYE APPLIANCES | 12 | 34 | 480.30 | | 14.13 | .052 | | 40.03 | | .73 |
| OTHER OPTOMETRIC SERVICES | 0 | 0 | .00 | | .00 | .000 | | .00 | | .00 |
| @CHIROPRACTOR | 0 | 0 | \$.00 | \$ | .00 | .000 | \$ | .00 | \$ | .00 |
| VISITS | 0 | 0 | .00 | | .00 | .000 | | .00 | | .00 |
| OTHER SERVICES | 0 | 0 | .00 | | .00 | .000 | | .00 | | .00 |
| @PODIATRIST | 0 | 0 | \$.00 | \$ | .00 | | \$ | .00 | \$ | .00 |
| MEDICINE/INJECTIONS | 0 | 0 | .00 | | .00 | .000 | | .00 | | .00 |
| SURGERY/ANES. | 0 | 0 | .00 | | .00 | .000 | | .00 | | .00 |
| RADIO./PATHOLOGY | 0 | 0 | .00 | | .00 | .000 | | .00 | | .00 |
| OTHER | 0 | 0 | .00 | | .00 | .000 | | .00 | | .00 |
| @HOME HEALTH AGENCY | 0 | 0 | \$.00 | \$ | .00 | .000 | \$ | .00 | \$ | .00 |
| NURSE ANESTHESIST | 1 | 7 | \$ 95.98 | \$ | 13.71 | .011 | \$ | 95.98 | \$ | .15 |
| NURSE MIDWIFE | 2 | 7 | \$ 217.84 | \$ | 31.12 | .011 | \$ | 108.92 | \$ | .33 |
| PEDIATRIC NURSE PRACTITIONER | 0 | 0 | \$.00 | \$ | .00 | .000 | \$ | .00 | \$ | .00 |
| FAMILY NURSE PRACTITIONER | 0 | 0 | \$.00 | \$ | .00 | .000 | \$ | .00 | \$ | .00 |
| @TOTAL HOSPITAL | 87 | 312 | \$ 13,998.78 | \$ | 44.87 | .474 | \$ | 160.91 | \$ | 21.27 |
| HOSP INPATIENT TOTAL | 3 | 4 | 4,916.44 | | 1229.11 | .006 | | 1638.81 | | 7.47 |
| HSC HOSPITALS | 0 | 0 | .00 | | .00 | .000 | | .00 | | .00 |
| NON-HSC HOSPITAL TOTAL | 3 | 4 | 4,916.44 | | 1229.11 | .006 | | 1638.81 | | 7.47 |
| ACCOMMODATIONS | 3 | 4 | 825.71 | | 206.43 | .006 | | 275.24 | | 1.25 |

| ADMINISTRATIVE DAYS | 0 | 0 | | .00 | | .00 | .000 | .00 | | .00 | |
|-----------------------------|-----------------------|-------------|----------|---------------|-----------|---------|--------|----------|-----|---------|--|
| TRANSITIONAL IP CARE | 0 | 0 | | .00 | | .00 | .000 | .00 | | .00 | |
| ALL OTHER ACCOM | 3 | 4 | | 825.71 | 206 | .43 | .006 | 275.24 | | 1.25 | |
| ANCILLARIES | 3 | 0 | | 4,090.73 | | .00 | .000 | 1363.58 | | 6.22 | |
| INPATIENT CROSSOVERS | 0 | 0 | | .00 | | .00 | .000 | .00 | | .00 | |
| ALL OTHER INPATIENT | 0 | 0 | | .00 | | .00 | .000 | .00 | | .00 | |
| HOSP OUTPATIENT TOTAL | 85 | 308 | | 9,082.34 | 2.9 | .49 | .468 | 106.85 | | 13.80 | |
| MEDICAL | 48 | 69 | | 3,201.43 | | .40 | .105 | 66.70 | | 4.87 | |
| SURGERY | 8 | 13 | | 763.54 | 58 | .73 | .020 | 95.44 | | 1.16 | |
| PATHOLOGY | 26 | 98 | | 871.33 | 8 | .89 | .149 | 33.51 | | 1.32 | |
| RADIOLOGY | 15 | 18 | | 1,130.66 | 62 | .81 | .027 | 75.38 | | 1.72 | |
| ROOM USE | 56 | 64 | | 2,257.19 | 35 | .27 | .097 | 40.31 | | 3.43 | |
| CROSSOVERS/ALL OTH OUTPTNT | 28 | 46 | | 858.19 | 18 | .66 | .070 | 30.65 | | 1.30 | |
| @COUNTY HOSPITAL TOTAL | 2 | 5 | \$ | 149.34 | \$ 29 | .87 | .008 | \$ 74.67 | \$ | .23 | |
| CO HOSPITAL INPATIENT TOTAL | 0 | 0 | | .00 | | .00 | .000 | .00 | | .00 | |
| HSC HOSPITALS | 0 | 0 | | .00 | | .00 | .000 | .00 | | .00 | |
| NON-HSC HOSPITALS TOTAL | 0 | 0 | | .00 | | .00 | .000 | .00 | | .00 | |
| ACCOMMODATIONS | 0 | 0 | | .00 | | .00 | .000 | .00 | | .00 | |
| ADMINISTRATIVE DAYS | 0 | 0 | | .00 | | .00 | .000 | .00 | | .00 | |
| TRANSITIONAL IP CARE | 0 | 0 | | .00 | | .00 | .000 | .00 | | .00 | |
| ALL OTHER ACCOM | 0 | 0 | | .00 | | .00 | .000 | .00 | | .00 | |
| ANCILLARIES | 0 | 0 | | .00 | | .00 | .000 | .00 | | .00 | |
| INPATIENT CROSSOVERS | 0 | 0 | | .00 | | .00 | .000 | .00 | | .00 | |
| ALL OTHER INPATIENT | 0 | 0 | | .00 | | .00 | .000 | .00 | | .00 | |
| CO HOSP OUTPATIENT TOTAL | 2 | 5 | | 149.34 | 29 | .87 | .008 | 74.67 | | .23 | |
| MEDICAL | 1 | 1 | | 67.99 | 67 | .99 | .002 | 67.99 | | .10 | |
| SURGERY | 0 | 0 | | .00 | | .00 | .000 | .00 | | .00 | |
| PATHOLOGY | 0 | 0 | | .00 | | .00 | .000 | .00 | | .00 | |
| RADIOLOGY | 0 | 0 | | .00 | | .00 | .000 | .00 | | .00 | |
| ROOM USE | 2 | 2 | | 72.48 | 36 | .24 | .003 | 36.24 | | .11 | |
| CROSSOVERS/ALL OTH OUTPTNT | 1 | 2 | | 8.87 | 4 | .44 | .003 | 8.87 | | .01 | |
| #CALIF DEPT OF HEALTH SERV | MEDI-CAL SERVICES AND | EXPENDITURE | S MONTH- | OF-PAYMENT RE | EPORT FOR | JAN 200 | 4 THRU | DEC 2004 | PAG | E 1,259 | |
| | | | | | | | | | | | |

MOP024 FEE-FOR-SERVICE/DENTAL
BUTTE COUNTY SUMMARY OF SERVICES FOR SSI APPEAL/NLDC IN PA-DISABLED AID CODES 6N 6P 03/14/05

| BUTTE COUNTY | SUMMARY OF SERVI | CES FOR SSI APPEAL | /NLDC IN PA-DISABL | ED AID CODES 61 | 1 61 | | - |
|---|------------------|---|--------------------|----------------------|---------------|--|---------------|
| 658 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE CROSSOVERS/ALL OTH OUTPTNT @STATE HOSPITAL MENTALLY ILL DEVELOP. DISABLED @NURSING FACILITY | HCEDC | INTEG OF CEDITOR | EVDENDIBLIDEC | ATTEDACE COCH | MONT | | |
| 638 ELIGIBLES | USERS | UNITS OF SERVICE | EXPENDITURES | AVERAGE COST | UNITS/DAYS | | COST PER |
| OCOMMUNITARY HOODITARY HORAT | 0.5 | OR DAYS OF CARE | 12 040 44 | PER UNIT/DAY | PER ELIG | USER | ELIGIBLE |
| GCOMMUNITY HOSPITAL TOTAL | 85 | 30 / \$ | 13,849.44 | \$ 45.11 | .46/ \$ | | \$ 21.05 |
| COMM HOSP INPATIENT TOTAL | 3 | 4 | 4,916.44 | 1229.11 | .006 | 1638.81 | |
| HSC HOSPITALS | 0 | 0 | .00 | .00 | .000 | .00 1638.81 | .00 |
| NON-HSC HOSPITALS TOTAL | 3 | 4 | 4,916.44 | 1229.11 | .006 | 1638.81 | 7.47 |
| ACCOMMODATIONS | 3 | 4 | 825.71 | 206.43 | .006 | 275.24 | 1.25 |
| ADMINISTRATIVE DAYS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| TRANSITIONAL IP CARE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER ACCOM | 3 | 4 | 825.71 | 206.43 | .006 | 275.24 | 1.25 |
| ANCILLARIES | 3 | 0 | 4,090.73 | .00 | .000 | 1363.58 | 6.22 |
| INPATIENT CROSSOVERS | 0 | 0 | .00 | .00 | .000 | 0.0 | .00 |
| ALL OTHER INPATIENT | 0 | 0 | .00 | .00 | .000 | .00 107.63 66.67 95.44 33.51 | .00 |
| COMM HOSP OUTPATIENT TOTAL | 83 | 303 | 8,933.00 | 29.48 | .460 | 107.63 | 13.58 4.76 |
| MEDICAL | 47 | 68 | 3,133.44 | 46.08 | .103 | 66.67 | 4.76 |
| SURGERY | 8 | 13 | 763 54 | 58 73 | 020 | 95 44 | 1.16 |
| PATHOLOGY | 26 | 98 | 871 33 | 8 89 | 149 | 33 51 | 1.32 |
| PADTOLOCY | 15 | 1 0 | 1 130 66 | 62 81 | 027 | 75.38 | 1.72 |
| RADIOLOGI ROOM HEE | 5.4 | 62 | 2 104 71 | 25 24 | .027 | 40.46 | 3.32 |
| CDOCCOTEDC / ALL OHU OUHDHAH | 27 | 02 | 2,104.71 | 10.24 | .067 | | 1.29 |
| CROSSOVERS/ALL OTH OUTPINT | 27 | 44 | 849.32 | 19.30 | .007 | | |
| USTATE HOSPITAL | U | U Ş | .00 | \$.00 | .000 \$ | .00 | \$.00 |
| MENTALLY ILL | U | U | .00 | .00 | .000 | .00 | .00 |
| DEVELOP. DISABLED | 0 | 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 | .00 | .00 .00 \$.00 | .000 | .00 | .00 |
| @NURSING FACILITY | 0 | 0 \$ | .00 | \$.00 | .000 \$ | .00 | \$.00 |
| LEV A-INTERMEDIATE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| LEV B-REHAB MD | 0 | 0 0 0 0 | .00 | .00 | .000 | .00 | |
| LEV B-SUBACUTE FREESTANDING | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| LEV B-SUBACUTE HSPTL BASED | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| LEV B-TRANSITIONAL IP CARE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| LEV B-REGULAR | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| LEV B-SUBACUTE FREESTANDING LEV B-SUBACUTE HSPTL BASED LEV B-TRANSITIONAL IP CARE LEV B-REGULAR @INTERMEDIATE CARE FACILDD ICF DDH ICF DD ICF DDN/DDCN @HEMODIALYSIS TOTAL HOSPITAL BASED HEMODIALYSIS CENTER @REHABILITATION FACILITY HOSPITAL BASED INDEPENDENT FACILITY | 0 | 0 \$ | .00 | \$.00 | .000 \$ | .00 | \$.00 |
| ICF DDH | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ICF DD | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| TCF DDN/DDCN | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| QHEMODIALYSIS TOTAL | 0 | 0 \$ | 0.0 | | .000 \$ | .00 | \$.00 |
| HOSPITAL BASED | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| HEMODIALVSIS CENTER | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| AREHARIITTATION FACILITY | 1 | 1 \$ | 49 77 | \$ 49.77 | .002 \$ | | |
| UOCDITAL DACED | 1 | 1 Y | 49.77 | \$ 49.77 49.77 | .002 | | .08 |
| HOSPITAL BASED INDEPENDENT FACILITY @LABORATORY FACILITY PATHOLOGY XO AND OTHERS @ORGANIZED OUTPATIENT CLINIC CLINIC | O | 0 0 0 1 \$ 1 0 0 70 \$ 70 0 121 \$ 10 0 0 | .00 | 0.0 | .002 | .00 | .00 |
| ALADODAMODY EACHLIN | 1.6 | 70 ¢ | 1,106.33 | .00 | | | |
| GLABORATORY FACILITY | 16 | /U > | 1,106.33 | \$ 15.8U | .106 \$ | | • |
| PATHOLOGY | 16 | 70 | 1,106.33 | | .106 | | 1.68 |
| XO AND OTHERS | U | 101 | .00 13,498.24 | .00 | .000 | | .00 |
| GORGANIZED OUTPATIENT CLINIC | 80 | 121 \$ | 13,498.24 | \$ 111.56 | .184 \$ | 168.73 | \$ 20.51 |
| CLINIC | 6 | 10 | 440.63 | 44.06 | .015 | 73.44 | .67 |
| SURGICENTER | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| HEROIN DETOX CLINIC | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| RURAL HEALTH CLINIC | 75 | 111 | 13,057.61 | 117.64 | .169 | 174.10 | 19.84 |
| CLINIC SURGICENTER HEROIN DETOX CLINIC RURAL HEALTH CLINIC #CALIF DEPT OF HEALTH SERV | MEDI-CAL SERVICE | S AND EXPENDITURES | MONTH-OF-PAYMENT R | EPORT FOR JAN 2 | 2004 THRU DEC | 2004 | PAGE 1,260 |
| MOP024 | FEE-FOR-SERVICE/ | DENTAL | | | | | 03/14/05 |
| BUTTE COUNTY | SUMMARY OF SERVI | CES FOR SSI APPEAL | /NLDC IN PA-DISABL | ED AID CODES 6N | I 6P | | |
| | | | | | MONT | HLY AVERAG | E |
| CEO DI TOTDI DO | HORDO | OF SERVICE | EUDEND FEUDE C | TITEDICE COCE | / | ~~~- | COOF DED |

658 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER

| | | OR DAYS OF CARE | | PER UNIT/DAY | PER ELIG | USER | ELIGIBLE |
|--------------------------------|----|-----------------|----------|--------------|----------|--------|----------|
| @ALL OTHER PROVIDERS | 33 | 140 \$ | 1,823.77 | \$ 13.03 | .213 \$ | 55.27 | \$ 2.77 |
| DURABLE MED. EQUIP. | 1 | 1 | 99.99 | 99.99 | .002 | 99.99 | .15 |
| BLOOD BANK | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| HEARING AID DISPENSERS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| MEDICAL TRANSPORTATION | 4 | 61 | 788.19 | 12.92 | .093 | 197.05 | 1.20 |
| AMBULANCES/AIR TRANS | 4 | 61 | 788.19 | 12.92 | .093 | 197.05 | 1.20 |
| OTHER TRANS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OTHER SERVICES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ACUPUNCTURE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ADULT DAY HEALTH CARE CTR | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| GENETIC DISEASE TESTING | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| IHMC, MODEL-NF, NF, AIDS, MSSP | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OCCUPATIONAL THERAPIST | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OPTICIAN | 16 | 44 | 367.53 | 8.35 | .067 | 22.97 | .56 |
| PHYSICAL THERAPIST | 1 | 5 | 86.79 | 17.36 | .008 | 86.79 | .13 |
| PORTABLE X-RAY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PROSTHETIST/ORTHOTISTS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PROSTHETICS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ORTHOTICS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PSYCHOLOGIST | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| SPEECH AND AUDIOLOGY | 2 | 8 | 347.53 | 43.44 | .012 | 173.77 | .53 |
| HOSPICE SERVICES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| NONINST BIRTHING CENTERS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| LOCAL EDUCATION AGENCIES | 9 | 21 | 133.74 | 6.37 | .032 | 14.86 | .20 |
| EPSDT SUPPLEMENTAL SERVICE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| RESPIRATORY CARE PRACT. | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PED SUBACUTE REHAB/WEANING | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER PROVIDERS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| @CALIF. CHILDREN SERVICES* | 10 | 22 \$ | 753.93 | \$ 34.27 | .033 \$ | 75.39 | \$ 1.15 |
| @XOVER EXCLUDING STATE HOSP** | 2 | 4 \$ | 40.52 | \$ 10.13 | .006 \$ | 20.26 | \$.06 |

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 1,261 MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05 SUMMARY OF SERVICES FOR CRAIG CASES- AGED IN PA-AGED

AID CODE 1E

----- MONTHLY AVERAGE BUTTE COUNTY

| | | | | | MON | ITHLY AVERAC | SE |
|---------------------------|-------|------------------|--------------|--------------|------------|--------------|------------|
| 472 ELIGIBLES | USERS | UNITS OF SERVICE | EXPENDITURES | AVERAGE COST | UNITS/DAYS | COST PER | COST PER |
| | | OR DAYS OF CARE | | PER UNIT/DAY | PER ELIG | USER | ELIGIBLE |
| @TOTAL, ALL PROVIDERS | 491 | 12,454 \$ | 758,226.74 | \$ 60.88 | 26.386 \$ | 1544.25 | \$ 1606.41 |
| @PHYSICIANS SERVICES | 67 | 143 \$ | 2,063.22 | \$ 14.43 | .303 \$ | 30.79 | \$ 4.37 |
| OUTPATIENT VISITS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OFFICE VISITS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| HOME VISITS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| EMERGENCY ROOM | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PREVENTIVE CARE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OB VISITS/COMPRE PERI | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OTHER OUTPATIENT | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| INPATIENT VISITS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| HOSPITAL VISITS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| CRITICAL CARE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| SNF/ICF/TRANS IP CARE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OPHTHALMOLOGICAL SERVICES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| EXAMINATIONS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| SERVICES AND MATERIALS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

| INPATIENT HOSPITAL SURGERY | 0 | 0 | | .00 | .00 | .000 | .00 | | .00 |
|----------------------------|------------------------|-----------|---------|--------------------|--------------|----------------|--------------|-----|------------|
| PRINCIPAL SURGEON | 0 | 0 | | .00 | .00 | .000 | .00 | | .00 |
| ASSISTANT SURGEON | 0 | 0 | | .00 | .00 | .000 | .00 | | .00 |
| ANESTHESIOLOGIST | 0 | 0 | | .00 | .00 | .000 | .00 | | .00 |
| OUTPATIENT SURGERY | 0 | 0 | | .00 | .00 | .000 | .00 | | .00 |
| PRINCIPAL SURGEON | 0 | 0 | | .00 | .00 | | | | .00 |
| ASSISTANT SURGEON | 0 | 0 | | .00 | .00 | .000 | .00 | | .00 |
| ANESTHESIOLOGIST | 0 | 0 | | .00 | .00 | .000 | .00 | | .00 |
| DIALYSIS | 0 | 0 | | .00 | .00 | .000 | .00 | | .00 |
| PATHOLOGY | 0 | 0 | | .00 | .00 | .000 | .00 | | .00 |
| RADIOLOGY | 0 | 0 | | .00 | .00 | .000 | .00 | | .00 |
| PSYCHIATRY | 0 | 0 | | .00 | .00 | .000 | .00 | | .00 |
| IMMUNIZATION AND INJECTION | 0 | 0 | | .00 | .00 | .000 | .00 | | .00 |
| OTHER SERVICES/ALL X-OVERS | 67 | 143 | | 2,063.22 | 14.43 | 3 .303 | 30.79 | | 4.37 |
| @PHARMACY | 363 | 2,566 | \$ | 126,976.21 | \$ 49.48 | 5.436 | \$ 349.80 | \$ | 269.02 |
| PRESCRIPTION DRUGS | 354 | 1,906 | | 125,612.76 | 65.90 | 4.038 | 354.84 | | 266.13 |
| SNF/ICF | 168 | 1,281 | | 77,846.88 | 60.7 | 7 2.714 | 463.37 | | 164.93 |
| OUTPATIENTS | 187 | 625 | | 47,765.88 | 76.43 | 3 1.324 | 255.43 | | 101.20 |
| MEDICAL SUPPLIES | 20 | 660 | | 1,363.45 | 2.0 | 7 1.398 | 68.17 | | 2.89 |
| @DENTIST | 21 | 88 | \$ | 1,831.30 | \$ 20.83 | | | \$ | 3.88 |
| VISITS - DIAGNOSTIC | 19 | 71 | | 813.55 | 11.4 | .150 | 42.82 | | 1.72 |
| ORAL SURGERY | 3 | 3 | | 132.75 | 44.2 | .006 | 44.25 | | .28 |
| DRUGS | 0 | 0 | | .00 | .00 | .000 | .00 | | .00 |
| ANESTHESIA | 0 | 0 | | .00 | .00 | .000 | .00 | | .00 |
| PERIODONTICS | 1 | 2 | | 118.00 | 59.00 | .004 | 118.00 | | .25 |
| ENDODONTICS | 0 | 0 | | .00 | .00 | .000 | .00 | | .00 |
| RESTORATIVE DENTISTRY | 3 | 10 | | 562.00 | 56.20 | .021 | 187.33 | | 1.19 |
| PROSTHETICS | 0 | 0 | | .00 | .00 | .000 | .00 | | .00 |
| DENTURES, STAYPLATES | 2 | 2 | | 205.00 | 102.50 | .004 | 102.50 | | .43 |
| SPACE MAINTAINERS | 0 | 0 | | .00 | .00 | .000 | .00 | | .00 |
| MAXILLOFACIAL SERVICES | 0 | 0 | | .00 | .00 | .000 | .00 | | .00 |
| FRACTURES, DISLOCATIONS | 0 | 0 | | .00 | .00 | .000 | .00 | | .00 |
| ORTHODONTIC SERVICES | 0 | 0 | | .00 | .00 | .000 | .00 | | .00 |
| ALL OTHER SERVICES | 0 | 0 | | .00 | .00 | .000 | .00 | | .00 |
| #CALIF DEPT OF HEALTH SERV | MEDI-CAL SERVICES AND | EXPENDIT | JRES MO | ONTH-OF-PAYMENT RE | EPORT FOR JA | AN 2004 THRU | DEC 2004 | E | PAGE 1,262 |
| MOP024 | FEE-FOR-SERVICE/DENTAL | | | | | | | | 03/14/05 |
| BUTTE COUNTY | SUMMARY OF SERVICES FO | R CRAIG | CASES- | - AGED IN PA-AGED | AID (| CODE 1E | | | |
| | | | | | | | MONTHLY AVER | AGE | |
| 472 FITCIBLES | HOFPS HINTTS | OF SERVIC | ~F | FYDENDITHIBES | AVERAGE CO | בת/פתדומון תפר | VS COST DEB | | COST DEB |

| USERS | UNITS OF SERVICE | 1 | EXPENDITURES | AVE | RAGE COST | UNITS/DAY | S | COST PER | | COST PER |
|-------|------------------|--|---------------------|---------------------|---|--|---|--|--|---|
| | OR DAYS OF CARE | 1 | | PER | UNIT/DAY | PER ELIG | ÷ | USER | | ELIGIBLE |
| 14 | 35 | \$ | 675.22 | \$ | 19.29 | .074 | \$ | 48.23 | \$ | 1.43 |
| 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| 10 | 28 | | 446.06 | | 15.93 | .059 | | 44.61 | | .95 |
| 5 | 7 | | 229.16 | | 32.74 | .015 | | 45.83 | | .49 |
| 0 | 0 | \$ | .00 | \$ | .00 | .000 | \$ | .00 | \$ | .00 |
| 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| 9 | 10 | \$ | 83.77 | \$ | 8.38 | .021 | \$ | 9.31 | \$ | .18 |
| 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| 9 | 10 | | 83.77 | | 8.38 | .021 | | 9.31 | | .18 |
| 0 | 0 | \$ | .00 | \$ | .00 | .000 | \$ | .00 | \$ | .00 |
| 0 | 0 | \$ | .00 | \$ | .00 | .000 | \$ | .00 | \$ | .00 |
| 0 | 0 | \$ | .00 | \$ | .00 | .000 | \$ | .00 | \$ | .00 |
| 0 | 0 | \$ | .00 | \$ | .00 | .000 | \$ | .00 | \$ | .00 |
| | | OR DAYS OF CARE 14 35 0 0 10 28 5 7 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 | OR DAYS OF CARE 14 | OR DAYS OF CARE 14 | OR DAYS OF CARE 14 35 \$ 675.22 \$ 0 0 0 .00 10 28 446.06 5 7 229.16 0 0 \$.00 0 0 \$ 0 0 0 \$ 0 0 0 \$ 0 0 0 \$ 0 0 0 \$ 0 0 0 \$ 0 0 0 0 | OR DAYS OF CARE PER UNIT/DAY 14 35 \$ 675.22 \$ 19.29 0 0 .00 .00 .00 10 28 446.06 15.93 .593 5 7 229.16 32.74 .00 0 0 .00 .00 .00 0 0 .00 .00 .00 0 0 .00 .00 .00 0 0 .00 .00 .00 0 0 .00 .00 .00 0 0 .00 .00 .00 0 0 .00 .00 .00 0 0 .00 .00 .00 0 0 .00 .00 .00 0 0 .00 .00 .00 0 0 .00 .00 .00 0 0 .00 \$.0 | OR DAYS OF CARE PER UNIT/DAY PER ELIG 14 35 \$ 675.22 \$ 19.29 .074 0 0 .00 .00 .00 .000 10 28 446.06 15.93 .059 5 7 229.16 32.74 .015 0 0 \$.00 .00 .000 0 0 .00 .00 .000 .000 0 0 .00 .00 .000 .000 0 0 .00 .00 .000 .000 0 0 .00 .00 .000 .000 0 0 .00 .00 .000 .000 0 0 .00 .00 .000 .000 0 0 .00 .00 .000 .000 0 0 .00 .00 .000 .000 .000 0 0 .00 | OR DAYS OF CARE PER UNIT/DAY PER ELIG 14 35 \$ 675.22 \$ 19.29 .074 \$ 0 0 .00 .00 .000 .000 .000 10 28 446.06 15.93 .059 .000 | OR DAYS OF CARE PER UNIT/DAY PER ELIG USER 14 35 \$ 675.22 \$ 19.29 .074 \$ 48.23 0 0 .00 .00 .00 .00 .00 10 28 446.06 15.93 .059 44.61 5 7 229.16 32.74 .015 45.83 0 0 \$.00 .00 .00 .00 0 0 \$.00 .00 .00 .00 0 0 .00 .00 .00 .00 .00 9 10 \$ 83.77 \$ 8.38 .021 \$ 9.31 0 0 .00 .00 .00 .00 .00 .00 0 0 .00 .00 .00 .00 .00 .00 0 0 .00 .00 .00 .00 .00 .00 | OR DAYS OF CARE PER UNIT/DAY PER ELIG USER 14 35 \$ 675.22 \$ 19.29 .074 \$ 48.23 \$ 0 0 .00 .00 .00 .000 .000 .000 .000 .000 .000 .000 .000 .000 \$.00 .00< |

| FAMILY NURSE PRACTITIONER | 0 | 0 | \$ | .00 | \$.00 | .000 | .00 | \$.00 | |
|------------------------------------|------------------|-------------------|--------|-------------------|---------------|--------------|-------------|------------|---|
| @TOTAL HOSPITAL | 57 | | Š | 13,613.89 | \$ 87.27 | .331 | | | |
| HOSP INPATIENT TOTAL | 10 | 5 | ۲ | 11,037.37 | 2207.47 | .011 | 1103.74 | 23.38 | |
| | | | | • | | | | | |
| HSC HOSPITALS | 0 | 0 | | .00 | .00 | .000 | .00 | .00 | |
| NON-HSC HOSPITAL TOTAL | 1 | 5 | | 4,725.18 | 945.04 | .011 | 4725.18 | 10.01 | |
| ACCOMMODATIONS | 1 | 5 | | 2,507.40 | 501.48 | .011 | 2507.40 | 5.31 | |
| ADMINISTRATIVE DAYS | 0 | 0 | | .00 | .00 | .000 | .00 | .00 | |
| TRANSITIONAL IP CARE | 0 | 0 | | .00 | .00 | .000 | .00 | .00 | |
| ALL OTHER ACCOM | 1 | 5 | | 2,507.40 | 501.48 | .011 | 2507.40 | 5.31 | |
| ANCILLARIES | 1 | 0 | | 2,217.78 | .00 | .000 | 2217.78 | 4.70 | |
| INPATIENT CROSSOVERS | 9 | 0 | | 6,312.19 | .00 | .000 | 701.35 | 13.37 | |
| ALL OTHER INPATIENT | 0 | 0 | | .00 | .00 | .000 | .00 | .00 | |
| HOSP OUTPATIENT TOTAL | 51 | 151 | | 2,576.52 | 17.06 | .320 | 50.52 | 5.46 | |
| MEDICAL | 0 | 0 | | .00 | .00 | .000 | .00 | .00 | |
| SURGERY | 0 | 0 | | .00 | .00 | .000 | .00 | .00 | |
| | 1 | 1 | | 7.27 | 7.27 | .002 | 7.27 | .00 | |
| PATHOLOGY | 1 | 0 | | | | | | | |
| RADIOLOGY | U | • | | .00 | .00 | .000 | .00 | .00 | |
| ROOM USE | U | 0 | | .00 | .00 | .000 | .00 | .00 | |
| CROSSOVERS/ALL OTH OUTPTNT | 50 | 150 | | 2,569.25 | 17.13 | .318 | 51.39 | 5.44 | |
| @COUNTY HOSPITAL TOTAL | 0 | | \$ | .00 | \$.00 | .000 | | • | |
| CO HOSPITAL INPATIENT TOTAL | 0 | 0 | | .00 | .00 | .000 | .00 | .00 | |
| HSC HOSPITALS | 0 | 0 | | .00 | .00 | .000 | .00 | .00 | |
| NON-HSC HOSPITALS TOTAL | 0 | 0 | | .00 | .00 | .000 | .00 | .00 | |
| ACCOMMODATIONS | 0 | 0 | | .00 | .00 | .000 | .00 | .00 | |
| ADMINISTRATIVE DAYS | 0 | 0 | | .00 | .00 | .000 | .00 | .00 | |
| TRANSITIONAL IP CARE | 0 | 0 | | .00 | .00 | .000 | .00 | .00 | |
| ALL OTHER ACCOM | 0 | 0 | | .00 | .00 | .000 | .00 | .00 | |
| ANCILLARIES | 0 | 0 | | .00 | .00 | .000 | .00 | .00 | |
| INPATIENT CROSSOVERS | 0 | 0 | | .00 | .00 | .000 | .00 | .00 | |
| ALL OTHER INPATIENT | 0 | 0 | | .00 | .00 | .000 | .00 | .00 | |
| | 0 | 0 | | | | | | .00 | |
| CO HOSP OUTPATIENT TOTAL | 0 | 0 | | .00 | .00 | .000 | .00 | | |
| MEDICAL | U | U | | .00 | .00 | .000 | .00 | .00 | |
| SURGERY | U | 0 | | .00 | .00 | .000 | .00 | .00 | |
| PATHOLOGY | O | 0 | | .00 | .00 | .000 | .00 | .00 | |
| RADIOLOGY | 0 | 0 | | .00 | .00 | .000 | .00 | .00 | |
| ROOM USE | 0 | 0 | | .00 | .00 | .000 | .00 | .00 | |
| CROSSOVERS/ALL OTH OUTPINT | | 0 | | .00 | .00 | .000 | .00 | .00 | |
| #CALIF DEPT OF HEALTH SERV | MEDI-CAL SERVICE | S AND EXPENDITURE | S MONT | H-OF-PAYMENT RE | EPORT FOR JAN | 2004 THRU DE | EC 2004 | PAGE 1,263 | , |
| MOP024 | FEE-FOR-SERVICE/ | DENTAL | | | | | | 03/14/05 | , |
| BUTTE COUNTY | SUMMARY OF SERVI | CES FOR CRAIG CA | SES- A | GED IN PA-AGED | AID COD | E 1E | | | |
| | | | | | | MON | NTHLY AVERA | GE | |
| 472 ELIGIBLES | USERS | UNITS OF SERVICE | | EXPENDITURES | AVERAGE COST | UNITS/DAYS | COST PER | COST PER | |
| | | OR DAYS OF CARE | | | PER UNIT/DAY | PER ELIG | USER | ELIGIBLE | |
| @COMMUNITY HOSPITAL TOTAL | 57 | 156 | \$ | 13,613.89 | \$ 87.27 | .331 | 238.84 | \$ 28.84 | |
| COMM HOSP INPATIENT TOTAL | 10 | 5 | | 11,037.37 | 2207.47 | .011 | 1103.74 | 23.38 | |
| HSC HOSPITALS | 0 | 0 | | .00 | .00 | .000 | .00 | .00 | |
| NON-HSC HOSPITALS TOTAL | 1 | 5 | | 4,725.18 | 945.04 | .011 | 4725.18 | 10.01 | |
| ACCOMMODATIONS | 1 | 5 | | 2,507.40 | 501.48 | .011 | 2507.40 | 5.31 | |
| ACCOMMODATIONS ADMINISTRATIVE DAYS | 0 | 0 | | .00 | .00 | .000 | .00 | .00 | |
| | 0 | 0 | | .00 | | | .00 | .00 | |
| TRANSITIONAL IP CARE | • | • | | | .00 | .000 | | | |
| ALL OTHER ACCOM | 1 | 5 | | 2,507.40 | 501.48 | .011 | 2507.40 | 5.31 | |
| ANCILLARIES | 1 | 0 | | 2,217.78 | .00 | .000 | 2217.78 | 4.70 | |
| INPATIENT CROSSOVERS | 9 | 0 | | 6,312.19 | .00 | .000 | 701.35 | 13.37 | |
| ALL OTHER INPATIENT | 0 | 0 | | .00 | .00 | .000 | .00 | .00 | |
| COMM HOSP OUTPATIENT TOTAL | 51 | 151 | | 2 , 576.52 | 17.06 | .320 | 50.52 | 5.46 | |
| MEDICAL | 0 | 0 | | .00 | .00 | .000 | .00 | .00 | |
| | | | | | | | | | |

| SURGERY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
|------------------------------|-----|-------|------------------|--------------|--------|---------------|---------------|
| PATHOLOGY | 1 | 1 | 7.27 | 7.27 | .002 | 7.27 | .02 |
| RADIOLOGY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ROOM USE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| CROSSOVERS/ALL OTH OUTPTNT | 50 | 150 | 2,569.25 | 17.13 | .318 | 51.39 | 5.44 |
| @STATE HOSPITAL | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 |
| MENTALLY ILL | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| DEVELOP. DISABLED | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| @NURSING FACILITY | 175 | 4,751 | \$ 597,896.49 | \$ 125.85 | 10.066 | \$ 3416.55 | \$ 1266.73 |
| LEV A-INTERMEDIATE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| LEV B-REHAB MD | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| LEV B-SUBACUTE FREESTANDING | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| LEV B-SUBACUTE HSPTL BASED | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| LEV B-TRANSITIONAL IP CARE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| LEV B-REGULAR | 175 | 4,751 | 597,896.49 | 125.85 | 10.066 | 3416.55 | 1266.73 |
| @INTERMEDIATE CARE FACILDD | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 |
| ICF DDH | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ICF DD | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ICF DDN/DDCN | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| @HEMODIALYSIS TOTAL | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 |
| HOSPITAL BASED | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| HEMODIALYSIS CENTER | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| @REHABILITATION FACILITY | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 |
| HOSPITAL BASED | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| INDEPENDENT FACILITY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| @LABORATORY FACILITY | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 |
| PATHOLOGY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| XO AND OTHERS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| @ORGANIZED OUTPATIENT CLINIC | 52 | 73 | \$ 2,976.13 | \$ 40.77 | .155 | \$ 57.23 | \$ 6.31 |
| CLINIC | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| SURGICENTER | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| HEROIN DETOX CLINIC | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| | | | | | | | |

RURAL HEALTH CLINIC 52 73 2,976.13 40.77 .155 57.23 6.31 #CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 1,264 03/14/05

MOP024 FEE-FOR-SERVICE/DENTAL BUTTE COUNTY SUMMARY OF SERVICES FOR CRAIG CASES- AGED IN PA-AGED AID CODE 1E

| BUTTE COUNTY | SUMMARY OF SERV | ICES FOR CRAIG CASE | S- AGED IN PA-AGED | AID COD | i le | | |
|--------------------------------|------------------|----------------------|--------------------|--------------|------------|-------------|----------|
| | | | | | MON | ITHLY AVERA | GE |
| 472 ELIGIBLES | USERS | UNITS OF SERVICE | EXPENDITURES | AVERAGE COST | UNITS/DAYS | COST PER | COST PER |
| | | OR DAYS OF CARE | | PER UNIT/DAY | PER ELIG | USER | ELIGIBLE |
| @ALL OTHER PROVIDERS | 89 | 4,632 \$ | 12,110.51 | \$ 2.61 | 9.814 \$ | 136.07 | \$ 25.66 |
| DURABLE MED. EQUIP. | 7 | 85 | 3,626.30 | 42.66 | .180 | 518.04 | 7.68 |
| BLOOD BANK | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| HEARING AID DISPENSERS | 7 | 14 | 399.80 | 28.56 | .030 | 57.11 | .85 |
| MEDICAL TRANSPORTATION | 30 | 624 | 2,042.10 | 3.27 | 1.322 | 68.07 | 4.33 |
| AMBULANCES/AIR TRANS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OTHER TRANS | 30 | 623 | 2,030.24 | 3.26 | 1.320 | 67.67 | 4.30 |
| OTHER SERVICES | 1 | 1 | 11.86 | 11.86 | .002 | 11.86 | .03 |
| ACUPUNCTURE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ADULT DAY HEALTH CARE CTR | 3 | 61 | 4,244.38 | 69.58 | .129 | 1414.79 | 8.99 |
| GENETIC DISEASE TESTING | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| IHMC, MODEL-NF, NF, AIDS, MSSP | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OCCUPATIONAL THERAPIST | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OPTICIAN | 9 | 21 | 246.01 | 11.71 | .044 | 27.33 | .52 |
| PHYSICAL THERAPIST | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PORTABLE X-RAY | 3 | 4 | 1.98 | .50 | .008 | .66 | .00 |
| PROSTHETIST/ORTHOTISTS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PROSTHETICS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ORTHOTICS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PSYCHOLOGIST | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| SPEECH AND AUDIOLOGY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| HOSPICE SERVICES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| NONINST BIRTHING CENTERS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| LOCAL EDUCATION AGENCIES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| EPSDT SUPPLEMENTAL SERVICE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| RESPIRATORY CARE PRACT. | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PED SUBACUTE REHAB/WEANING | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER PROVIDERS | 39 | 3,823 | 1,549.94 | .41 | 8.100 | 39.74 | 3.28 |
| @CALIF. CHILDREN SERVICES* | 0 | 0 \$ | .00 | \$.00 | .000 \$ | .00 | \$.00 |
| @XOVER EXCLUDING STATE HOSP** | 182 | 2 , 815 \$ | 42,434.53 | \$ 15.07 | 5.964 | 233.16 | \$ 89.90 |
| 0* TOTALS IN THESE LINES ARE | GIVEN AS A SEPAR | ATE INFORMATION ITEM | ONLY; | | | | |
| | | | | | | | |

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 1,265 MOP024 03/14/05 FEE-FOR-SERVICE/DENTAL BUTTE COUNTY SUMMARY OF SERVICES FOR CRAIG CASES- BLIND IN PA-BLIND AID CODE 2E

| | | | | | | MON | THLY AVERA | GE |
|-----------------------|-------|------------------|----|--------------|--------------|------------|------------|------------|
| 62 ELIGIBLES | USERS | UNITS OF SERVICE | € | EXPENDITURES | AVERAGE COST | UNITS/DAYS | COST PER | COST PER |
| | | OR DAYS OF CARE | € | | PER UNIT/DAY | PER ELIG | USER | ELIGIBLE |
| @TOTAL, ALL PROVIDERS | 64 | 1,167 | \$ | 105,187.05 | \$ 90.13 | 18.823 \$ | 1643.55 | \$ 1696.57 |
| @PHYSICIANS SERVICES | 23 | 72 | \$ | 603.62 | \$ 8.38 | 1.161 \$ | 26.24 | \$ 9.74 |
| OUTPATIENT VISITS | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| OFFICE VISITS | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| HOME VISITS | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| EMERGENCY ROOM | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| PREVENTIVE CARE | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| OB VISITS/COMPRE PERI | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| OTHER OUTPATIENT | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| INPATIENT VISITS | 1 | 2 | | 55.00 | 27.50 | .032 | 55.00 | .89 |

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

| HOSPITAL VISITS | 0 | | 0 | .00 | | .00 | .000 | .00 | .00 |
|----------------------------|------------------|-------------|-----------|---------------------|---------|----------|-------------|-------------|------------|
| CRITICAL CARE | 0 | | 0 | .00 | | .00 | .000 | .00 | .00 |
| SNF/ICF/TRANS IP CARE | 1 | | 2 | 55.00 | | 27.50 | .032 | 55.00 | .89 |
| OPHTHALMOLOGICAL SERVICES | 1 | | 1 | 46.44 | | 46.44 | .016 | 46.44 | .75 |
| EXAMINATIONS | 1 | | 1 | 46.44 | | 46.44 | .016 | 46.44 | .75 |
| SERVICES AND MATERIALS | 0 | | 0 | .00 | | .00 | .000 | .00 | .00 |
| INPATIENT HOSPITAL SURGERY | 0 | | 0 | .00 | | .00 | .000 | .00 | .00 |
| PRINCIPAL SURGEON | 0 | | 0 | .00 | | .00 | .000 | .00 | .00 |
| ASSISTANT SURGEON | 0 | | 0 | .00 | | .00 | .000 | .00 | .00 |
| ANESTHESIOLOGIST | 0 | | 0 | .00 | | .00 | .000 | .00 | .00 |
| OUTPATIENT SURGERY | 0 | | 0 | .00 | | .00 | .000 | .00 | .00 |
| PRINCIPAL SURGEON | 0 | | 0 | .00 | | .00 | .000 | .00 | .00 |
| ASSISTANT SURGEON | 0 | | 0 | .00 | | .00 | .000 | .00 | .00 |
| ANESTHESIOLOGIST | 0 | | 0 | .00 | | .00 | .000 | .00 | .00 |
| DIALYSIS | 0 | | 0 | .00 | | .00 | .000 | .00 | .00 |
| PATHOLOGY | 0 | | 0 | .00 | | .00 | .000 | .00 | .00 |
| RADIOLOGY | 0 | | 0 | .00 | | .00 | .000 | .00 | .00 |
| PSYCHIATRY | 0 | | 0 | .00 | | .00 | .000 | .00 | .00 |
| IMMUNIZATION AND INJECTION | 0 | | 0 | .00 | | .00 | .000 | .00 | .00 |
| OTHER SERVICES/ALL X-OVERS | 21 | | 69 | 502.18 | | 7.28 | 1.113 | 23.91 | 8.10 |
| @PHARMACY | 46 | 3 | 43 \$ | 16,896.46 | \$ | 49.26 | 5.532 | | |
| PRESCRIPTION DRUGS | 45 | 3 | 29 | 16,083.44 | | 48.89 | 5.306 | 357.41 | 259.41 |
| SNF/ICF | 22 | 1 | 51 | 6 , 998.73 | | 46.35 | 2.435 | 318.12 | 112.88 |
| OUTPATIENTS | 23 | | 78 | 9,084.71 | | 51.04 | 2.871 | 394.99 | 146.53 |
| MEDICAL SUPPLIES | 7 | | 14 | 813.02 | | 58.07 | .226 | 116.15 | 13.11 |
| @DENTIST | 1 | | 1 \$ | 25.00 | \$ | 25.00 | .016 | \$ 25.00 | \$.40 |
| VISITS - DIAGNOSTIC | 1 | | 1 | 25.00 | | 25.00 | .016 | 25.00 | .40 |
| ORAL SURGERY | 0 | | 0 | .00 | | .00 | .000 | .00 | .00 |
| DRUGS | 0 | | 0 | .00 | | .00 | .000 | .00 | .00 |
| ANESTHESIA | 0 | | 0 | .00 | | .00 | .000 | .00 | .00 |
| PERIODONTICS | 0 | | 0 | .00 | | .00 | .000 | .00 | .00 |
| ENDODONTICS | 0 | | 0 | .00 | | .00 | .000 | .00 | .00 |
| RESTORATIVE DENTISTRY | 0 | | 0 | .00 | | .00 | .000 | .00 | .00 |
| PROSTHETICS | 0 | | 0 | .00 | | .00 | .000 | .00 | .00 |
| DENTURES, STAYPLATES | 0 | | 0 | .00 | | .00 | .000 | .00 | .00 |
| SPACE MAINTAINERS | 0 | | 0 | .00 | | .00 | .000 | .00 | .00 |
| MAXILLOFACIAL SERVICES | 0 | | 0 | .00 | | .00 | .000 | .00 | .00 |
| FRACTURES, DISLOCATIONS | 0 | | 0 | .00 | | .00 | .000 | .00 | .00 |
| ORTHODONTIC SERVICES | 0 | | 0 | .00 | | .00 | .000 | .00 | .00 |
| ALL OTHER SERVICES | 0 | | 0 | .00 | | .00 | .000 | .00 | .00 |
| #CALIF DEPT OF HEALTH SERV | MEDI-CAL SERVICE | S AND EXPEN | DITURES 1 | MONTH-OF-PAYMENT RE | EPORT 1 | FOR JAN | 2004 THRU D | EC 2004 | PAGE 1,266 |
| MOP024 | FEE-FOR-SERVICE/ | DENTAL | | | | | | | 03/14/05 |
| BUTTE COUNTY | SUMMARY OF SERVI | CES FOR CR | AIG CASE | S- BLIND IN PA-BLIN | ND | AID COD | E 2E | | |
| | | | | | | | MO | NTHLY AVERA | GE |
| 62 ELIGIBLES | USERS | UNITS OF SE | RVICE | EXPENDITURES | AVER | AGE COST | UNITS/DAYS | | COST PER |
| | | OR DAYS OF | CARE | | PER U | JNIT/DAY | PER ELIG | USER | ELIGIBLE |

| | | | | | | M | CM. | THLY AVERA | GĽ | |
|----------------------------|-------|------------------|--------------|------|-----------|-----------|-----|------------|----|----------|
| 62 ELIGIBLES | USERS | UNITS OF SERVICE | EXPENDITURES | AVE: | RAGE COST | UNITS/DAY | S | COST PER | | COST PER |
| | | OR DAYS OF CARE | | PER | UNIT/DAY | PER ELIG | | USER | | ELIGIBLE |
| @OPTOMETRIST | 0 | 0 | \$.00 | \$ | .00 | .000 | \$ | .00 | \$ | .00 |
| DIAGNOSTIC AND ANC. PROCED | 0 | 0 | .00 | | .00 | .000 | | .00 | | .00 |
| EYE APPLIANCES | 0 | 0 | .00 | | .00 | .000 | | .00 | | .00 |
| OTHER OPTOMETRIC SERVICES | 0 | 0 | .00 | | .00 | .000 | | .00 | | .00 |
| @CHIROPRACTOR | 0 | 0 | \$.00 | \$ | .00 | .000 | \$ | .00 | \$ | .00 |
| VISITS | 0 | 0 | .00 | | .00 | .000 | | .00 | | .00 |
| OTHER SERVICES | 0 | 0 | .00 | | .00 | .000 | | .00 | | .00 |
| @PODIATRIST | 0 | 0 | \$.00 | \$ | .00 | .000 | \$ | .00 | \$ | .00 |
| MEDICINE/INJECTIONS | 0 | 0 | .00 | | .00 | .000 | | .00 | | .00 |
| SURGERY/ANES. | 0 | 0 | .00 | | .00 | .000 | | .00 | | .00 |
| | | | | | | | | | | |

| RADIO./PATHOLOGY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
|------------------------------|------------------|-----------------------|--------------------|--------------|--------------|------------|------------|
| OTHER | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| @HOME HEALTH AGENCY | 0 | 0 \$ | .00 | \$.00 | .000 \$ | | \$.00 |
| NURSE ANESTHESIST | 0 | 0 \$ | .00 | \$.00 | .000 \$ | | \$.00 |
| NURSE MIDWIFE | 0 | 0 \$ | .00 | \$.00 | .000 \$ | .00 | \$.00 |
| PEDIATRIC NURSE PRACTITIONER | 0 | 0 \$ | .00 | \$.00 | .000 \$ | .00 | \$.00 |
| FAMILY NURSE PRACTITIONER | 0 | 0 \$ | .00 | \$.00 | .000 \$ | .00 | \$.00 |
| @TOTAL HOSPITAL | 18 | 117 \$ | 6,543.87 | \$ 55.93 | 1.887 \$ | 363.55 | \$ 105.55 |
| HOSP INPATIENT TOTAL | 4 | 0 | 5,045.19 | .00 | .000 | 1261.30 | 81.37 |
| HSC HOSPITALS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| NON-HSC HOSPITAL TOTAL | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ACCOMMODATIONS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ADMINISTRATIVE DAYS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| TRANSITIONAL IP CARE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER ACCOM | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ANCILLARIES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| INPATIENT CROSSOVERS | 4 | 0 | 5,045.19 | .00 | .000 | 1261.30 | 81.37 |
| ALL OTHER INPATIENT | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| HOSP OUTPATIENT TOTAL | 18 | 117 | 1,498.68 | 12.81 | 1.887 | 83.26 | 24.17 |
| MEDICAL | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| SURGERY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PATHOLOGY | 1 | 2 | 28.54 | 14.27 | .032 | 28.54 | .46 |
| RADIOLOGY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ROOM USE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| CROSSOVERS/ALL OTH OUTPINT | 18 | 115 | 1,470.14 | 12.78 | 1.855 | 81.67 | 23.71 |
| @COUNTY HOSPITAL TOTAL | 0 | 0 \$ | .00 | \$.00 | .000 \$ | | \$.00 |
| CO HOSPITAL INPATIENT TOTAL | 0 | 0 | .00 | .00 | .000 \$ | .00 | .00 |
| | 0 | 0 | .00 | .00 | .000 | .00 | |
| HSC HOSPITALS | 0 | 0 | | | | | .00 |
| NON-HSC HOSPITALS TOTAL | 0 | · · | .00 | .00 | .000 | .00 | .00 |
| ACCOMMODATIONS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ADMINISTRATIVE DAYS | Û | 0 | .00 | .00 | .000 | .00 | .00 |
| TRANSITIONAL IP CARE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER ACCOM | U | 0 | .00 | .00 | .000 | .00 | .00 |
| ANCILLARIES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| INPATIENT CROSSOVERS | U | 0 | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER INPATIENT | U | 0 | .00 | .00 | .000 | .00 | .00 |
| CO HOSP OUTPATIENT TOTAL | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| MEDICAL | O | 0 | .00 | .00 | .000 | .00 | .00 |
| SURGERY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PATHOLOGY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| RADIOLOGY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ROOM USE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| CROSSOVERS/ALL OTH OUTPTNT | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| #CALIF DEPT OF HEALTH SERV | | S AND EXPENDITURES MO | NTH-OF-PAYMENT REI | PORT FOR JAN | 2004 THRU DE | C 2004 | PAGE 1,267 |
| MOP024 | FEE-FOR-SERVICE/ | DENTAL | | | | | 03/14/05 |
| BUTTE COUNTY | SUMMARY OF SERVI | CES FOR CRAIG CASES- | BLIND IN PA-BLINI | D AID COD | | | |
| | | | | | MON | THLY AVERA | GE |
| 62 ELIGIBLES | USERS | UNITS OF SERVICE | EXPENDITURES | AVERAGE COST | UNITS/DAYS | COST PER | COST PER |
| | | OR DAYS OF CARE | | PER UNIT/DAY | PER ELIG | USER | ELIGIBLE |
| @COMMUNITY HOSPITAL TOTAL | 18 | 117 \$ | 6 , 543.87 | \$ 55.93 | 1.887 \$ | 363.55 | \$ 105.55 |
| COMM HOSP INPATIENT TOTAL | 4 | 0 | 5,045.19 | .00 | .000 | 1261.30 | 81.37 |
| HSC HOSPITALS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| NON-HSC HOSPITALS TOTAL | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ACCOMMODATIONS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ADMINISTRATIVE DAYS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| TRANSITIONAL IP CARE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| | | | | | | | |

| ALL OTHER ACCOM | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
|--|------------------|-----------------|----------|--------------------|----------|-----------|-------------|----------|-----------|----------|-----------|
| ANCILLARIES | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| INPATIENT CROSSOVERS | 4 | 0 | | 5,045.19 | | .00 | .000 | | 1261.30 | | 81.37 |
| ALL OTHER INPATIENT | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| COMM HOSP OUTPATIENT TOTAL | 18 | 117 | | 1,498.68 | | 12.81 | 1.887 | | 83.26 | | 24.17 |
| MEDICAL | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| SURGERY | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| PATHOLOGY | 1 | 2 | | 28.54 | | 14.27 | .032 | | 28.54 | | .46 |
| RADIOLOGY | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| ROOM USE | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| CROSSOVERS/ALL OTH OUTPTNT | 18 | 115 | | 1,470.14 | | 12.78 | 1.855 | | 81.67 | | 23.71 |
| @STATE HOSPITAL | 0 | 0 | \$ | .00 | \$ | .00 | .000 | \$ | .00 | \$ | .00 |
| MENTALLY ILL | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| DEVELOP. DISABLED | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| @NURSING FACILITY | 14 | 329 | \$ | 39 , 373.35 | \$ | 119.68 | 5.306 | \$ | | \$ | 635.05 |
| LEV A-INTERMEDIATE | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| LEV B-REHAB MD | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| LEV B-SUBACUTE FREESTANDING | | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| LEV B-SUBACUTE HSPTL BASED | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| LEV B-TRANSITIONAL IP CARE | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| LEV B-REGULAR | 14 | 329 | | 39 , 373.35 | | 119.68 | 5.306 | | 2812.38 | | 635.05 |
| @INTERMEDIATE CARE FACILDD | 9 | 245 | \$ | 40,045.25 | \$ | 163.45 | | \$ | 4449.47 | \$ | 645.89 |
| ICF DDH | 9 | 245 | | 40,045.25 | | 163.45 | 3.952 | | 4449.47 | | 645.89 |
| ICF DD | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| ICF DDN/DDCN | 0 | 0 | _ | .00 | _ | .00 | .000 | _ | .00 | _ | .00 |
| @HEMODIALYSIS TOTAL | 1 | 1 | \$ | 445.41 | \$ | 445.41 | .016 | Ş | 445.41 | Ş | 7.18 |
| HOSPITAL BASED | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| HEMODIALYSIS CENTER | 1 | 1 | <u>^</u> | 445.41 | <u> </u> | 445.41 | .016 | <u> </u> | 445.41 | <u> </u> | 7.18 |
| @REHABILITATION FACILITY | 0 | 0 | \$ | .00 | \$ | .00 | .000 | Ş | .00 | Ş | .00 |
| HOSPITAL BASED | 0 | • | | .00 | | .00 | .000 | | .00 | | .00 |
| INDEPENDENT FACILITY | 0 | 0 | ć | .00 | Ċ | .00 | .000 | ċ | .00 | Ċ | .00 |
| @LABORATORY FACILITY | 0 | 0 | \$ | .00 | \$ | .00 | .000 | Þ | .00 | Ş | .00 |
| PATHOLOGY | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| XO AND OTHERS @ORGANIZED OUTPATIENT CLINIC | 0 | 5 | Ś | 292.30 | \$ | 58.46 | .000 | ċ | | \$ | 4.71 |
| CLINIC CLINIC | 4 | 0 | ې | .00 | Ą | .00 | .000 | Ą | .00 | Ą | .00 |
| SURGICENTER | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| HEROIN DETOX CLINIC | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| RURAL HEALTH CLINIC | 4 | 5 | | 292.30 | | 58.46 | .081 | | 73.08 | | 4.71 |
| #CALIF DEPT OF HEALTH SERV | = | | IRES M | ONTH-OF-PAYMENT R | EPORT | | | DEC | | P | AGE 1,268 |
| MOP024 | FEE-FOR-SERVICE/ | | 71.00 11 | | DI 01(I | TOIL OTHE | 2001 111110 | DLO | 2001 | | 03/14/05 |
| BUTTE COUNTY | | | CASES | - BLIND IN PA-BLI | ND | AID COD | E 2E | | | | 00/11/00 |
| 20112 000111 | | 220 1011 014110 | 011020 | | | 1112 002 | M | ONT | HLY AVERA | GE · | |
| 62 ELIGIBLES | USERS (| JNITS OF SERVIO | CE | EXPENDITURES | AVE | RAGE COST | UNITS/DAY | S | COST PER | (| COST PER |
| | | OR DAYS OF CAR | | | | | PER ELIG | | USER |] | ELIGIBLE |
| @ALL OTHER PROVIDERS | 14 | 54 | \$ | 961.79 | \$ | 17.81 | .871 | \$ | 68.70 | \$ | 15.51 |
| DURABLE MED. EQUIP. | 1 | 1 | | 79.50 | | 79.50 | .016 | | 79.50 | | 1.28 |
| BLOOD BANK | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| HEARING AID DISPENSERS | 1 | 1 | | 24.50 | | 24.50 | .016 | | 24.50 | | .40 |
| MEDICAL TRANSPORTATION | 6 | 22 | | 177.28 | | 8.06 | .355 | | 29.55 | | 2.86 |
| AMBULANCES/AIR TRANS | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| OTHER TRANS | 6 | 21 | | 165.42 | | 7.88 | .339 | | 27.57 | | 2.67 |
| OTHER SERVICES | 1 | 1 | | 11.86 | | 11.86 | .016 | | 11.86 | | .19 |
| ACUPUNCTURE | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| ADULT DAY HEALTH CARE CTR | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| GENETIC DISEASE TESTING | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| | | | | | | | | | | | |

| IHMC, MODEL-NF, NF, AIDS, MSSP | 1 | 16 | 470.56 | 29.41 | .258 | 470.56 | 7.59 |
|--------------------------------|----|-----|----------------|-------------|-------|--------------|--------------|
| OCCUPATIONAL THERAPIST | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OPTICIAN | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PHYSICAL THERAPIST | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PORTABLE X-RAY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PROSTHETIST/ORTHOTISTS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PROSTHETICS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ORTHOTICS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PSYCHOLOGIST | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| SPEECH AND AUDIOLOGY | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| HOSPICE SERVICES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| NONINST BIRTHING CENTERS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| LOCAL EDUCATION AGENCIES | 2 | 8 | 149.84 | 18.73 | .129 | 74.92 | 2.42 |
| EPSDT SUPPLEMENTAL SERVICE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| RESPIRATORY CARE PRACT. | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PED SUBACUTE REHAB/WEANING | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER PROVIDERS | 3 | 6 | 60.11 | 10.02 | .097 | 20.04 | .97 |
| @CALIF. CHILDREN SERVICES* | 0 | 0 | \$.00 | \$.00 | .000 | \$.00 | \$.00 |
| @XOVER EXCLUDING STATE HOSP** | 32 | 192 | \$ 8,875.83 | \$ 46.23 | 3.097 | \$ 277.37 | \$ 143.16 |

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 1,269
MOP024 FEE-FOR-SERVICE/DENTAL
BUTTE COUNTY SUMMARY OF SERVICES FOR CRAIG CASES- DISABLED IN PA-DISABLED AID CODE 6E

----- MONTHLY AVERAGE -----3,034 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE 2,403 42,002 \$ 2,050,443.08 \$ 13.844 \$ 853.28 \$ 675.82 @TOTAL, ALL PROVIDERS 48.82 43,920.24 \$ @PHYSICIANS SERVICES 430 1,437 30.56 .474 \$ 102.14 \$ 14.48 48.32 OUTPATIENT VISITS 123 161 5,943.69 36.92 .053 1.96 94 122 32.01 41.54 1.29 OFFICE VISITS 3,904.73 .040

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

| HOME VISITS | 0 | 0 | .00 | | .000 | .00 | .00 |
|----------------------------|-----------------|-----------------------|--------------------------|-------------------|---------------|-------------|------------|
| EMERGENCY ROOM | 19 | 23 | 1,620.43 | | .008 | 85.29 | .53 |
| PREVENTIVE CARE | 0 | 0 | .00 | | .000 | .00 | .00 |
| OB VISITS/COMPRE PERI | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| OTHER OUTPATIENT | 12 | 16 | 418.53 | 26.16 | .005 | 34.88 | .14 |
| INPATIENT VISITS | 31 | 117 | 6,338.82 | 54.18 | .039 | 204.48 | 2.09 |
| HOSPITAL VISITS | 30 | 108 | 5,007.68 | | .036 | 166.92 | 1.65 |
| CRITICAL CARE | 1 | 8 | 1,303.64 | | .003 | 1303.64 | .43 |
| SNF/ICF/TRANS IP CARE | 1 | 1 | 27.50 | | .000 | 27.50 | .01 |
| OPHTHALMOLOGICAL SERVICES | 9 | 13 | 499.04 | | .004 | 55.45 | .16 |
| EXAMINATIONS | 9 | 13 | 499.04 | | .004 | 55.45 | .16 |
| | 0 | 0 | | | | | .00 |
| SERVICES AND MATERIALS | 17 | <u> </u> | .00 | | .000 | .00 | |
| INPATIENT HOSPITAL SURGERY | - : | 193 | 11,610.49 | | .064 | 682.97 | 3.83 |
| PRINCIPAL SURGEON | 14 | 26 | 8,579.62 | | .009 | 612.83 | 2.83 |
| ASSISTANT SURGEON | 1 | 1 | 374.53 | | .000 | 374.53 | .12 |
| ANESTHESIOLOGIST | 8 | 166 | 2,656.34 | | .055 | 332.04 | .88 |
| OUTPATIENT SURGERY | 16 | 24 | 2,072.78 | | .008 | 129.55 | .68 |
| PRINCIPAL SURGEON | 15 | 17 | 1,911.38 | | .006 | 127.43 | .63 |
| ASSISTANT SURGEON | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ANESTHESIOLOGIST | 1 | 7 | 161.40 | 23.06 | .002 | 161.40 | .05 |
| DIALYSIS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| PATHOLOGY | 11 | 32 | 931.96 | | .011 | 84.72 | .31 |
| RADIOLOGY | 108 | 213 | 7,514.78 | | .070 | 69.58 | 2.48 |
| PSYCHIATRY | 0 | 0 | .00 | | .000 | .00 | .00 |
| IMMUNIZATION AND INJECTION | 8 | 17 | 179.30 | | .006 | 22.41 | .06 |
| OTHER SERVICES/ALL X-OVERS | 219 | 667 | 8,829.38 | | .220 | 40.32 | 2.91 |
| @PHARMACY | 1,694 | 18,514 \$ | - | | 6.102 | | |
| PRESCRIPTION DRUGS | 1,647 | 7,575 | 758,286.82 | | 2.497 | 460.40 | 249.93 |
| SNF/ICF | 192 | 1,589 | 121,567.71 | | .524 | 633.17 | 40.07 |
| OUTPATIENTS | 1,466 | 5,986 | 636,719.11 | | 1.973 | 434.32 | 209.86 |
| | 189 | 10,939 | | | 3.605 | 99.93 | 6.22 |
| MEDICAL SUPPLIES | 87 | • | 18,886.55 | | | | |
| @DENTIST | | 450 \$ | 18,128.00 | | .148 | | |
| VISITS - DIAGNOSTIC | 58 | 246 | 3,333.00 | | .081 | 57.47 | 1.10 |
| ORAL SURGERY | 16 | 51 | 2,555.00 | | .017 | 159.69 | .84 |
| DRUGS | 0 | 0 | .00 | | .000 | .00 | .00 |
| ANESTHESIA | 16 0 1 | 1 | 100.00 | | .000 | 100.00 | .03 |
| PERIODONTICS | J | 6 | 664.00 | | .002 | 132.80 | .22 |
| ENDODONTICS | 5 | 11 | 2,316.00 | | .004 | 463.20 | .76 |
| RESTORATIVE DENTISTRY | 26 | 67 | 3,990.00 | 59.55 | .022 | 153.46 | 1.32 |
| PROSTHETICS | 3 | 3 | 90.00 | 30.00 | .001 | 30.00 | .03 |
| DENTURES, STAYPLATES | 13 | 64 | 5,080.00 | 79.38 | .021 | 390.77 | 1.67 |
| SPACE MAINTAINERS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| MAXILLOFACIAL SERVICES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| FRACTURES, DISLOCATIONS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ORTHODONTIC SERVICES | 0 | 0 | .00 | | .000 | .00 | .00 |
| ALL OTHER SERVICES | 2 | 1 | .00 | | .000 | .00 | .00 |
| #CALIF DEPT OF HEALTH SERV | | ES AND EXPENDITURES | | | | | PAGE 1,270 |
| MOP024 | FEE-FOR-SERVICE | | 11011111 01 111111111111 | TELLOTE LOTE OTHE | 2001 111110 2 | 2001 | 03/14/05 |
| | | ICES FOR CRAIG CAS | ES- DISARLED IN PA | -DISABLED AID | CODE 6E | | 03/11/03 |
| DOTTE COOMIT | DOTHER OF BEILT | TODO TOTO CIUTTO CITO | | DIGNODDO MID | | NTHLY AVERA | GE |
| 3,034 ELIGIBLES | USERS | UNITS OF SERVICE | EXPENDITURES | . AVERACE COS | T UNITS/DAYS | | COST PER |
| 3,034 EDIGIDDES | OSERS | OR DAYS OF CARE | EXTENDITORES | PER UNIT/DA | | USER | ELIGIBLE |
| @OPTOMETRIST | 65 | 170 \$ | 3,669.70 | | | | |
| DIAGNOSTIC AND ANC. PROCED | 33 | 35 | 1,477.22 | • | | 44.76 | .49 |
| EYE APPLIANCES | | | | | | | |
| | 47 5 | 131 4 | 2,031.47 | | | 43.22 | .67 |
| OTHER OPTOMETRIC SERVICES | 5 | 4 | 161.01 | 40.25 | .001 | 32.20 | .05 |

| @CHIROPRACTOR | 2 | 2 \$ | 33.4 | 4 \$ | 16.72 | .001 | \$ 16.72 | Ś | .01 |
|------------------------------|-----------------|----------------------|--------------------|---------|---------------|-------------|-------------|------|----------|
| VISITS | 2 | 2 | 33.4 | | 16.72 | .001 | 16.72 | 7 | .01 |
| OTHER SERVICES | 0 | 0 | .0 | | .00 | .000 | .00 | | .00 |
| @PODIATRIST | 19 | 54 | | | 5.97 | .018 | | Ċ | .11 |
| • | 2 | | | | | | 25.09 | ې | .02 |
| MEDICINE/INJECTIONS | | 2 | 50.1 | | 25.09 | .001 | | | |
| SURGERY/ANES. | 0 | 0 | .0 | | .00 | .000 | .00 | | .00 |
| RADIO./PATHOLOGY | 1 | 2 | 34.6 | | 17.30 | .001 | 34.60 | | .01 |
| OTHER | 17 | 50 | 237.5 | | 4.75 | .016 | 13.97 | | .08 |
| @HOME HEALTH AGENCY | 6 | 31 \$ | | | 53.58 | .010 | | | .55 |
| NURSE ANESTHESIST | 3 | 28 | 259.3 | 6 \$ | 9.26 | .009 | | | .09 |
| NURSE MIDWIFE | 1 | 3 | 184.2 | 0 \$ | 61.40 | .001 | \$ 184.20 | \$ | .06 |
| PEDIATRIC NURSE PRACTITIONER | 0 | 0 \$ | .0 | 0 \$ | .00 | .000 | \$.00 | \$ | .00 |
| FAMILY NURSE PRACTITIONER | 3 | 4 5 | 57.2 | | 14.32 | .001 | | | .02 |
| @TOTAL HOSPITAL | 391 | 2,184 | | 7 S | 152.83 | .720 | | | 110.01 |
| HOSP INPATIENT TOTAL | 29 | 108 | 259,066.8 | | 2398.77 | .036 | 8933.34 | , | 85.39 |
| HSC HOSPITALS | 3 | 42 | 66,819.0 | | 1590.93 | .014 | 22273.00 | | 22.02 |
| NON-HSC HOSPITAL TOTAL | 12 | 66 | 168,811.8 | | 2557.76 | .022 | 14067.65 | | 55.64 |
| | 12 | 66 | 41,182.9 | | 623.98 | .022 | 3431.91 | | 13.57 |
| ACCOMMODATIONS | 0 | 0 | • | | | | | | |
| ADMINISTRATIVE DAYS | • | | .0 | | .00 | .000 | .00 | | .00 |
| TRANSITIONAL IP CARE | 0 | 0 | .0 | | .00 | .000 | .00 | | .00 |
| ALL OTHER ACCOM | 12 | 66 | 41,182.9 | | 623.98 | .022 | 3431.91 | | 13.57 |
| ANCILLARIES | 12 | 0 | 127,628.9 | | .00 | .000 | 10635.74 | | 42.07 |
| INPATIENT CROSSOVERS | 14 | 0 | 23,436.0 | 0 | .00 | .000 | 1674.00 | | 7.72 |
| ALL OTHER INPATIENT | 0 | 0 | .0 | 0 | .00 | .000 | .00 | | .00 |
| HOSP OUTPATIENT TOTAL | 379 | 2,076 | 74,707.8 | 2 | 35.99 | .684 | 197.12 | | 24.62 |
| MEDICAL | 101 | 190 | 7,755.0 | 5 | 40.82 | .063 | 76.78 | | 2.56 |
| SURGERY | 17 | 24 | 702.2 | | 29.26 | .008 | 41.31 | | .23 |
| PATHOLOGY | 112 | 530 | 5,352.2 | | 10.10 | .175 | 47.79 | | 1.76 |
| RADIOLOGY | 74 | 124 | 11,747.9 | | 94.74 | .041 | 158.76 | | 3.87 |
| ROOM USE | 101 | 155 | 5,892.0 | | 38.01 | .051 | 58.34 | | 1.94 |
| CROSSOVERS/ALL OTH OUTPTNT | 217 | 1,053 | 43,258.2 | | 41.08 | .347 | 199.35 | | 14.26 |
| | 0 | 0 \$ | - | | | .000 | \$.00 | ċ | |
| @COUNTY HOSPITAL TOTAL | 0 | | | | | | | Ş | .00 |
| CO HOSPITAL INPATIENT TOTAL | • | 0 | .0 | | .00 | .000 | .00 | | .00 |
| HSC HOSPITALS | 0 | 0 | .0 | | .00 | .000 | .00 | | .00 |
| NON-HSC HOSPITALS TOTAL | 0 | 0 | .0 | | .00 | .000 | .00 | | .00 |
| ACCOMMODATIONS | 0 | 0 | .0 | | .00 | .000 | .00 | | .00 |
| ADMINISTRATIVE DAYS | 0 | 0 | .0 | | .00 | .000 | .00 | | .00 |
| TRANSITIONAL IP CARE | 0 | 0 | .0 | | .00 | .000 | .00 | | .00 |
| ALL OTHER ACCOM | 0 | 0 | .0 | 0 | .00 | .000 | .00 | | .00 |
| ANCILLARIES | 0 | 0 | .0 | 0 | .00 | .000 | .00 | | .00 |
| INPATIENT CROSSOVERS | 0 | 0 | .0 | 0 | .00 | .000 | .00 | | .00 |
| ALL OTHER INPATIENT | 0 | 0 | .0 | 0 | .00 | .000 | .00 | | .00 |
| CO HOSP OUTPATIENT TOTAL | 0 | 0 | .0 | 0 | .00 | .000 | .00 | | .00 |
| MEDICAL | 0 | 0 | .0 | 0 | .00 | .000 | .00 | | .00 |
| SURGERY | 0 | 0 | .0 | | .00 | .000 | .00 | | .00 |
| PATHOLOGY | 0 | 0 | .0 | | .00 | .000 | .00 | | .00 |
| RADIOLOGY | 0 | 0 | .0 | | .00 | .000 | .00 | | .00 |
| ROOM USE | 0 | 0 | .0 | | .00 | .000 | .00 | | .00 |
| CROSSOVERS/ALL OTH OUTPTNT | 0 | 0 | .0 | | .00 | .000 | .00 | | .00 |
| | | CES AND EXPENDITURES | | | | | | DACI | |
| | | | MONIH-OF-PAIMENI | REPU | ORI FOR JAN 2 | 2004 IRKU D | EC 2004 | | E 1,271 |
| MOP024 | FEE-FOR-SERVICE | , | | 3 D.T.O | | | | (| 03/14/05 |
| BUTTE COUNTY | SUMMARY OF SERV | ICES FOR CRAIG CAS | SES- DISABLED IN P | A-DIS | SABLED AID CO | | | ~- | |
| 2 024 57 76757 76 | | INTEG OF CERTICE | | a - | | | NTHLY AVERA | - | |
| 3,034 ELIGIBLES | USERS | UNITS OF SERVICE | EXPENDITURE | | VERAGE COST | | | | ST PER |
| | | OR DAYS OF CARE | | | PER UNIT/DAY | | USER | | IGIBLE |
| @COMMUNITY HOSPITAL TOTAL | 391 | 2,184 | 333,774.6 | / \$ | 152.83 | .720 | \$ 853.64 | Ş . | 110.01 |
| | | | | | | | | | |

| COMM HOSP INPATIENT TOTAL | 29 | 108 | | 259,066.85 | | 2398.77 | .036 | | 8933.34 | | 85.39 |
|------------------------------|-----------------|-------------------|-------|---------------------------------------|-------|------------|-----------|----------|----------|----|-----------|
| HSC HOSPITALS | 3 | 42 | | 66,819.00 | | 1590.93 | .014 | | 22273.00 | | 22.02 |
| NON-HSC HOSPITALS TOTAL | 12 | 66 | | 168,811.85 | | 2557.76 | .022 | | 14067.65 | | 55.64 |
| ACCOMMODATIONS | 12 | 66 | | 41,182.93 | | 623.98 | .022 | | 3431.91 | | 13.57 |
| ADMINISTRATIVE DAYS | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| TRANSITIONAL IP CARE | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| | 12 | 66 | | | | 623.98 | | | | | |
| ALL OTHER ACCOM | | | | 41,182.93 | | | .022 | | 3431.91 | | 13.57 |
| ANCILLARIES | 12 | 0 | | 127,628.92 | | .00 | .000 | | 10635.74 | | 42.07 |
| INPATIENT CROSSOVERS | 14 | 0 | | 23,436.00 | | .00 | .000 | | 1674.00 | | 7.72 |
| ALL OTHER INPATIENT | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| COMM HOSP OUTPATIENT TOTAL | 379 | 2,076 | | 74 , 707.82 | | 35.99 | .684 | | 197.12 | | 24.62 |
| MEDICAL | 101 | 190 | | 7,755.05 | | 40.82 | .063 | | 76.78 | | 2.56 |
| SURGERY | 17 | 24 | | 702.22 | | 29.26 | .008 | | 41.31 | | .23 |
| PATHOLOGY | 112 | 530 | | 5,352.28 | | 10.10 | .175 | | 47.79 | | 1.76 |
| RADIOLOGY | 74 | 124 | | 11,747.97 | | 94.74 | .041 | | 158.76 | | 3.87 |
| ROOM USE | 101 | 155 | | 5,892.04 | | 38.01 | .051 | | 58.34 | | 1.94 |
| CROSSOVERS/ALL OTH OUTPINT | | 1,053 | | 43,258.26 | | 41.08 | .347 | | 199.35 | | 14.26 |
| @STATE HOSPITAL | 0 | 0 | \$ | .00 | \$ | .00 | .000 | Ċ | .00 | \$ | .00 |
| | 0 | 0 | ې | .00 | Ų | | | Ą | .00 | ۲ | .00 |
| MENTALLY ILL | • | | | | | .00 | .000 | | | | |
| DEVELOP. DISABLED | 0 | 0 | _ | .00 | _ | .00 | .000 | _ | .00 | _ | .00 |
| @NURSING FACILITY | 166 | 4,420 | \$ | 563,413.98 | \$ | 127.47 | 1.457 | Ş | 3394.06 | \$ | 185.70 |
| LEV A-INTERMEDIATE | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| LEV B-REHAB MD | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| LEV B-SUBACUTE FREESTANDING | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| LEV B-SUBACUTE HSPTL BASED | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| LEV B-TRANSITIONAL IP CARE | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| LEV B-REGULAR | 166 | 4,420 | | 563,413.98 | | 127.47 | 1.457 | | 3394.06 | | 185.70 |
| @INTERMEDIATE CARE FACILDD | 21 | 652 | \$ | 120,678.83 | \$ | 185.09 | .215 | Ś | 5746.61 | Ś | 39.78 |
| ICF DDH | 15 | 503 | 7 | 87,898.79 | 4 | 174.75 | .166 | т. | 5859.92 | 7 | 28.97 |
| ICF DD | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| ICF DDN/DDCN | 6 | 149 | | 32,780.04 | | 220.00 | .049 | | 5463.34 | | 10.80 |
| | 14 | 23 | Ċ | | \$ | 292.36 | | <u>_</u> | 480.31 | Ċ | |
| @HEMODIALYSIS TOTAL | 0 | | \$ | 6,724.39 | Ş | | .008 | Þ | | Ş | 2.22 |
| HOSPITAL BASED | • | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| HEMODIALYSIS CENTER | 14 | 23 | | 6,724.39 | | 292.36 | .008 | | 480.31 | | 2.22 |
| @REHABILITATION FACILITY | 19 | 189 | \$ | 3,260.89 | \$ | 17.25 | .062 | Ş | 171.63 | Ş | 1.07 |
| HOSPITAL BASED | 3 | 10 | | 264.83 | | 26.48 | .003 | | 88.28 | | .09 |
| INDEPENDENT FACILITY | 16 | 179 | | 2,996.06 | | 16.74 | .059 | | 187.25 | | .99 |
| @LABORATORY FACILITY | 54 | 235 | \$ | 3,850.30 | \$ | 16.38 | .077 | \$ | 71.30 | \$ | 1.27 |
| PATHOLOGY | 54 | 235 | | 3,850.30 | | 16.38 | .077 | | 71.30 | | 1.27 |
| XO AND OTHERS | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| @ORGANIZED OUTPATIENT CLINIC | 427 | 689 | \$ | 66,726.32 | \$ | 96.85 | .227 | \$ | 156.27 | \$ | 21.99 |
| CLINIC | 10 | 17 | | 2,627.75 | · | 154.57 | .006 | • | 262.78 | | .87 |
| SURGICENTER | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| HEROIN DETOX CLINIC | 1 | 18 | | 213.11 | | 11.84 | .006 | | 213.11 | | .07 |
| RURAL HEALTH CLINIC | 418 | 654 | | 63,885.46 | | 97.68 | .216 | | 152.84 | | 21.06 |
| | | ES AND EXPENDITUR | EC MC | | | | | DEC | | ъ. | |
| #CALIF DEPT OF HEALTH SERV | | / | ES MC | NTH-OF-PAIMENT RE | EPORT | FOR JAN 2 | 2004 THRU | DEC | 2004 | PF | AGE 1,272 |
| MOP024 | FEE-FOR-SERVICE | | | | | | | | | | 03/14/05 |
| BUTTE COUNTY | SUMMARY OF SERV | ICES FOR CRAIG C | ASES- | - DISABLED IN PA-I | DISAB | LED AID CO | | | | | |
| | | | | | | | M | | | | |
| 3,034 ELIGIBLES | USERS | UNITS OF SERVICE | 1 | EXPENDITURES | AVE | RAGE COST | UNITS/DAY | S | | (| COST PER |
| | | OR DAYS OF CARE | 1 | | PER | UNIT/DAY | | | USER | | ELIGIBLE |
| @ALL OTHER PROVIDERS | 387 | 12,917 | \$ | 106,604.77 | \$ | 8.25 | 4.257 | \$ | 275.46 | \$ | 35.14 |
| DURABLE MED. EQUIP. | 28 | 188 | | 14,015.14 | | 74.55 | .062 | | 500.54 | | 4.62 |
| BLOOD BANK | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| HEARING AID DISPENSERS | 11 | 18 | | 2,651.50 | | 147.31 | .006 | | 241.05 | | .87 |
| MEDICAL TRANSPORTATION | 90 | 2,642 | | 19,789.57 | | 7.49 | .871 | | 219.88 | | 6.52 |
| | 3 0 | 2,012 | | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | | | • • • • | | | | |

| 40 | 375 | | 6 , 595.17 | 17.59 | .124 | 164.88 | 2.17 |
|-----|---|--|--|---|---|--|---|
| 49 | 2,256 | | 11,205.30 | 4.97 | .744 | 228.68 | 3.69 |
| 6 | 11 | | 1,989.10 | 180.83 | .004 | 331.52 | .66 |
| 5 | 9 | | 167.60 | 18.62 | .003 | 33.52 | .06 |
| 8 | 143 | | 9,949.94 | 69.58 | .047 | 1243.74 | 3.28 |
| 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| 7 | 15 | | 1,808.15 | 120.54 | .005 | 258.31 | .60 |
| 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| 54 | 123 | | 1,239.56 | 10.08 | .041 | 22.95 | .41 |
| 1 | 26 | | 331.16 | 12.74 | .009 | 331.16 | .11 |
| 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| 3 | 15 | | 1,967.37 | 131.16 | .005 | 655.79 | .65 |
| 3 | 15 | | 1,967.37 | 131.16 | .005 | 655.79 | .65 |
| 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| 14 | 41 | | 4,114.18 | 100.35 | .014 | 293.87 | 1.36 |
| 8 | 319 | | 38,041.18 | 119.25 | .105 | 4755.15 | 12.54 |
| 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| 81 | 810 | | 7,560.24 | 9.33 | .267 | 93.34 | 2.49 |
| 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| 107 | 8,568 | | 4,969.18 | .58 | 2.824 | 46.44 | 1.64 |
| 39 | 1,622 | \$ | 13,824.04 | \$ 8.52 | .535 | \$ 354.46 | \$ 4.56 |
| 388 | 3,614 | \$ | 75,265.96 | \$ 20.83 | 1.191 | \$ 193.98 | \$ 24.81 |
| | 49 6 5 8 0 7 0 54 1 0 3 3 0 0 14 8 0 81 0 0 0 | 49 2,256 6 11 5 9 8 143 0 0 7 15 0 0 54 123 1 26 0 0 3 15 3 15 0 0 0 0 14 41 8 319 0 0 81 810 0 0 0 0 0 0 107 8,568 39 1,622 | 49 2,256 6 11 5 9 8 143 0 0 7 15 0 0 54 123 1 26 0 0 3 15 3 15 0 0 0 0 14 41 8 319 0 0 81 810 0 0 0 0 0 0 107 8,568 39 1,622 | 49 2,256 11,205.30 6 11 1,989.10 5 9 167.60 8 143 9,949.94 0 0 .00 7 15 1,808.15 0 0 .00 54 123 1,239.56 1 26 331.16 0 0 .00 3 15 1,967.37 3 15 1,967.37 0 0 .00 14 41 4,114.18 8 319 38,041.18 0 0 .00 81 810 7,560.24 0 .00 .00 0 .00 .00 0 .00 .00 0 .00 .00 0 .00 .00 0 .00 .00 0 .00 .00 0 .00 .00 0 .00 .00 0 .00 .00 | 49 2,256 11,205.30 4.97 6 11 1,989.10 180.83 5 9 167.60 18.62 8 143 9,949.94 69.58 0 0 .00 .00 7 15 1,808.15 120.54 0 0 .00 .00 54 123 1,239.56 10.08 1 26 331.16 12.74 0 0 .00 .00 3 15 1,967.37 131.16 3 15 1,967.37 131.16 0 0 .00 .00 0 0 .00 .00 14 41 4,114.18 100.35 8 319 38,041.18 119.25 0 0 .00 .00 0 0 .00 .00 0 0 .00 .00 0 0 .00 .00 0 0 .00 .00 0 <td>49 2,256 11,205.30 4.97 .744 6 11 1,989.10 180.83 .004 5 9 167.60 18.62 .003 8 143 9,949.94 69.58 .047 0 0 .00 .00 .000 7 15 1,808.15 120.54 .005 0 0 .00 .00 .000 54 123 1,239.56 10.08 .041 1 26 331.16 12.74 .009 0 0 .00 .00 .000 3 15 1,967.37 131.16 .005 3 15 1,967.37 131.16 .005 3 15 1,967.37 131.16 .005 0 0 .00 .00 .000 0 0 .00 .00 .000 14 41 4,114.18 100.35 .014 8 319 38,041.18 119.25 .105 0 0<!--</td--><td>49 2,256 11,205.30 4.97 .744 228.68 6 11 1,989.10 180.83 .004 331.52 5 9 167.60 18.62 .003 33.52 8 143 9,949.94 69.58 .047 1243.74 0 0 .00 .00 .000 .00 7 15 1,808.15 120.54 .005 258.31 0 0 .00 .00 .00 .00 54 123 1,239.56 10.08 .041 22.95 1 26 331.16 12.74 .009 331.16 0 0 .00 .00 .00 .00 3 15 1,967.37 131.16 .005 655.79 3 15 1,967.37 131.16 .005 655.79 0 0 .00 .00 .00 .00 14 41 4,114.18 100.35</td></td> | 49 2,256 11,205.30 4.97 .744 6 11 1,989.10 180.83 .004 5 9 167.60 18.62 .003 8 143 9,949.94 69.58 .047 0 0 .00 .00 .000 7 15 1,808.15 120.54 .005 0 0 .00 .00 .000 54 123 1,239.56 10.08 .041 1 26 331.16 12.74 .009 0 0 .00 .00 .000 3 15 1,967.37 131.16 .005 3 15 1,967.37 131.16 .005 3 15 1,967.37 131.16 .005 0 0 .00 .00 .000 0 0 .00 .00 .000 14 41 4,114.18 100.35 .014 8 319 38,041.18 119.25 .105 0 0 </td <td>49 2,256 11,205.30 4.97 .744 228.68 6 11 1,989.10 180.83 .004 331.52 5 9 167.60 18.62 .003 33.52 8 143 9,949.94 69.58 .047 1243.74 0 0 .00 .00 .000 .00 7 15 1,808.15 120.54 .005 258.31 0 0 .00 .00 .00 .00 54 123 1,239.56 10.08 .041 22.95 1 26 331.16 12.74 .009 331.16 0 0 .00 .00 .00 .00 3 15 1,967.37 131.16 .005 655.79 3 15 1,967.37 131.16 .005 655.79 0 0 .00 .00 .00 .00 14 41 4,114.18 100.35</td> | 49 2,256 11,205.30 4.97 .744 228.68 6 11 1,989.10 180.83 .004 331.52 5 9 167.60 18.62 .003 33.52 8 143 9,949.94 69.58 .047 1243.74 0 0 .00 .00 .000 .00 7 15 1,808.15 120.54 .005 258.31 0 0 .00 .00 .00 .00 54 123 1,239.56 10.08 .041 22.95 1 26 331.16 12.74 .009 331.16 0 0 .00 .00 .00 .00 3 15 1,967.37 131.16 .005 655.79 3 15 1,967.37 131.16 .005 655.79 0 0 .00 .00 .00 .00 14 41 4,114.18 100.35 |

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 1,273
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
BUTTE COUNTY SUMMARY OF SERVICES FOR CRAIG CASES- TOTAL IN PA-TOTAL

| | | | | | MC | NTHLY AVERA | GE | |
|----------------------------|----------------|------------------|--------------------|--------------|------------|-------------|----|---------|
| 3,568 ELIGIBLES | USERS | UNITS OF SERVICE | EXPENDITURES | AVERAGE COST | UNITS/DAYS | COST PER | CC | OST PER |
| | | OR DAYS OF CARE | | PER UNIT/DAY | PER ELIG | USER | ΕI | LIGIBLE |
| @TOTAL, ALL PROVIDERS | 2 , 958 | 55 , 623 | \$ 2,913,856.87 | \$ 52.39 | 15.589 | \$ 985.08 | \$ | 816.66 |
| @PHYSICIANS SERVICES | 520 | 1,652 | \$ 46,587.08 | \$ 28.20 | .463 | \$ 89.59 | \$ | 13.06 |
| OUTPATIENT VISITS | 123 | 161 | 5,943.69 | 36.92 | .045 | 48.32 | | 1.67 |
| OFFICE VISITS | 94 | 122 | 3,904.73 | 32.01 | .034 | 41.54 | | 1.09 |
| HOME VISITS | 0 | 0 | .00 | .00 | .000 | .00 | | .00 |
| EMERGENCY ROOM | 19 | 23 | 1,620.43 | 70.45 | .006 | 85.29 | | .45 |
| PREVENTIVE CARE | 0 | 0 | .00 | .00 | .000 | .00 | | .00 |
| OB VISITS/COMPRE PERI | 0 | 0 | .00 | .00 | .000 | .00 | | .00 |
| OTHER OUTPATIENT | 12 | 16 | 418.53 | 26.16 | .004 | 34.88 | | .12 |
| INPATIENT VISITS | 32 | 119 | 6,393.82 | 53.73 | .033 | 199.81 | | 1.79 |
| HOSPITAL VISITS | 30 | 108 | 5,007.68 | 46.37 | .030 | 166.92 | | 1.40 |
| CRITICAL CARE | 1 | 8 | 1,303.64 | 162.96 | .002 | 1303.64 | | .37 |
| SNF/ICF/TRANS IP CARE | 2 | 3 | 82.50 | 27.50 | .001 | 41.25 | | .02 |
| OPHTHALMOLOGICAL SERVICES | 10 | 14 | 545.48 | 38.96 | .004 | 54.55 | | .15 |
| EXAMINATIONS | 10 | 14 | 545.48 | 38.96 | .004 | 54.55 | | .15 |
| SERVICES AND MATERIALS | 0 | 0 | .00 | .00 | .000 | .00 | | .00 |
| INPATIENT HOSPITAL SURGERY | 17 | 193 | 11,610.49 | 60.16 | .054 | 682.97 | | 3.25 |
| PRINCIPAL SURGEON | 14 | 26 | 8,579.62 | 329.99 | .007 | 612.83 | | 2.40 |
| ASSISTANT SURGEON | 1 | 1 | 374.53 | 374.53 | .000 | 374.53 | | .10 |
| ANESTHESIOLOGIST | 8 | 166 | 2,656.34 | 16.00 | .047 | 332.04 | | .74 |
| OUTPATIENT SURGERY | 16 | 24 | 2,072.78 | 86.37 | .007 | 129.55 | | .58 |
| PRINCIPAL SURGEON | 15 | 17 | 1,911.38 | 112.43 | .005 | 127.43 | | .54 |

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

| ASSISTANT SURGEON | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
|----------------------------|----------------------|----------------|-------|---------------------|-------|---------|-----------|-----|---|----|-----------|
| ANESTHESIOLOGIST | 1 | 7 | | 161.40 | | 23.06 | .002 | | 161.40 | | .05 |
| DIALYSIS | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| PATHOLOGY | 11 | 32 | | 931.96 | | 29.12 | .009 | | 84.72 | | .26 |
| RADIOLOGY | 108 | 213 | | 7,514.78 | | 35.28 | .060 | | 69.58 | | 2.11 |
| PSYCHIATRY | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| IMMUNIZATION AND INJECTION | 8 | 17 | | 179.30 | | 10.55 | .005 | | 22.41 | | .05 |
| OTHER SERVICES/ALL X-OVERS | 307 | 879 | | 11,394.78 | | 12.96 | .246 | | 37.12 | | 3.19 |
| @PHARMACY | 2,103 | 21,423 | \$ | 921,046.04 | \$ | 42.99 | 6.004 | \$ | 437.97 | \$ | 258.14 |
| PRESCRIPTION DRUGS | 2,046 | 9,810 | | 899 , 983.02 | | 91.74 | 2.749 | | 439.87 | | 252.24 |
| SNF/ICF | 382 | 3,021 | | 206,413.32 | | 68.33 | .847 | | 540.35 | | 57.85 |
| OUTPATIENTS | 1,676 | 6 , 789 | | 693,569.70 | | 102.16 | 1.903 | | 413.82 | | 194.39 |
| MEDICAL SUPPLIES | 216 | 11,613 | | 21,063.02 | | 1.81 | 3.255 | | 97.51 | | 5.90 |
| @DENTIST | 109 | 539 | \$ | 19,984.30 | \$ | 37.08 | .151 | \$ | 183.34 | \$ | 5.60 |
| VISITS - DIAGNOSTIC | 78 | 318 | | 4,171.55 | | 13.12 | .089 | | 53.48 | | 1.17 |
| ORAL SURGERY | 19 | 54 | | 2 , 687.75 | | 49.77 | .015 | | 141.46 | | .75 |
| DRUGS | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| ANESTHESIA | 1 | 1 | | 100.00 | | 100.00 | .000 | | 100.00 | | .03 |
| PERIODONTICS | 6 | 8 | | 782.00 | | 97.75 | .002 | | 130.33 | | .22 |
| ENDODONTICS | 5 | 11 | | 2,316.00 | | 210.55 | .003 | | 463.20 | | .65 |
| RESTORATIVE DENTISTRY | 29 | 77 | | 4,552.00 | | 59.12 | .022 | | 156.97 | | 1.28 |
| PROSTHETICS | 3 | 3 | | 90.00 | | 30.00 | .001 | | 30.00 | | .03 |
| DENTURES, STAYPLATES | 15 | 66 | | 5,285.00 | | 80.08 | .018 | | 352.33 | | 1.48 |
| SPACE MAINTAINERS | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| MAXILLOFACIAL SERVICES | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| FRACTURES, DISLOCATIONS | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| ORTHODONTIC SERVICES | 0 | 0 | | .00 | | .00 | .000 | | .00 | | .00 |
| ALL OTHER SERVICES | 2 | 1 | | .00 | | .00 | .000 | | .00 | | .00 |
| #CALIF DEPT OF HEALTH SERV | MEDI-CAL SERVICES AN | | RES M | MONTH-OF-PAYMENT RE | EPORI | FOR JAN | 2004 THRU | DEC | 2004 | PI | AGE 1,274 |
| MOP024 | FEE-FOR-SERVICE/DENT | AL | | | | | | | | | 03/14/05 |
| BUTTE COUNTY | SUMMARY OF SERVICES | FOR CRAIG | CASES | S- TOTAL IN PA-TOTA | AL | | | | | | |
| | | | | | | | 7.4 | | TT 32 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 | CE | |

----- MONTHLY AVERAGE -----

| 3,568 ELIGIBLES | USERS | UNITS OF SERVICE OR DAYS OF CARE | EXPENDITURES | AVERAGE COST PER UNIT/DAY | | COST PER USER | COST PER ELIGIBLE |
|---|----------------------|-------------------------------------|---------------------------|------------------------------|-----------------|------------------|----------------------|
| @OPTOMETRIST | 79 | 205 \$ | 4,344.92 | \$ 21.19 | .057 \$ | 55.00 | \$ 1.22 |
| DIAGNOSTIC AND ANC. PROCED | 33 | 35 | 1,477.22 | 42.21 | .010 | 44.76 | .41 |
| EYE APPLIANCES | 57 | 159 | 2,477.53 | 15.58 | .045 | 43.47 | .69 |
| OTHER OPTOMETRIC SERVICES | 10 | 11 | 390.17 | 35.47 | .003 | 39.02 | .11 |
| @CHIROPRACTOR | 2 | 2 \$ | 33.44 | \$ 16.72 | .001 \$ | | |
| VISITS | 2 | 2 | 33.44 | 16.72 | .001 | 16.72 | .01 |
| OTHER SERVICES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| @PODIATRIST | 28 | 64 \$ | 406.12 | \$ 6.35 | .018 \$ | | |
| MEDICINE/INJECTIONS | 2 | 2 | 50.18 | 25.09 | .001 | 25.09 | .01 |
| SURGERY/ANES. | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| RADIO./PATHOLOGY | 1 | 2 | 34.60 | 17.30 | .001 | 34.60 | .01 |
| OTHER | 26 | 60 | 321.34 | 5.36 | .017 | 12.36 | .09 |
| @HOME HEALTH AGENCY | 6 | 31 \$ | 1,660.99 | \$ 53.58 | .009 \$ | | \$.47 |
| NURSE ANESTHESIST | 3 | 28 \$ | 259.36 | \$ 9.26 | .008 \$ | | \$.07 |
| NURSE MIDWIFE | 1 | 3 \$ | 184.20 | \$ 61.40 | .001 \$ | 184.20 | \$.05 |
| PEDIATRIC NURSE PRACTITIONER | 0 | 0 \$ | .00 | \$.00 | .000 \$ | .00 | \$.00 |
| FAMILY NURSE PRACTITIONER | 3 | 4 \$ | 57.28 | \$ 14.32 | .001 \$ | 19.09 | \$.02 |
| @TOTAL HOSPITAL | 466 | 2,457 \$ | 353,932.43 | \$ 144.05 | .689 \$ | | |
| HOSP INPATIENT TOTAL | 43 | 113 | 275,149.41 | 2434.95 | .032 | 6398.82 | 77.12 |
| HSC HOSPITALS | 3 | 42 | 66,819.00 | 1590.93 | .012 | 22273.00 | 18.73 |
| NON-HSC HOSPITAL TOTAL | 13 | 71 | 173,537.03 | 2444.18 | .020 | 13349.00 | 48.64 |
| ACCOMMODATIONS | 13 | 71 | 43,690.33 | 615.36 | .020 | 3360.79 | 12.25 |
| ACCOMMODATIONS ADMINISTRATIVE DAYS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| TRANSITIONAL IP CARE | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER ACCOM | 13 | 71 | 43,690.33 | 615.36 | .020 | 3360.79 | 12.25 |
| ANCILLARIES | 13 | 0 | 129,846.70 | .00 | .000 | 9988.21 | 36.39 |
| INPATIENT CROSSOVERS | 27 | 0 | 34,793.38 | .00 | .000 | 1288.64 | 9.75 |
| ALL OTHER INPATIENT | 0 | 0 | | | | | .00 |
| HOSP OUTPATIENT TOTAL | 448 | 2,344 | .00 78 , 783.02 | .00 33.61 | .000 .657 | .00 175.85 | 22.08 |
| | 101 | 190 | | 40.82 | .053 | 76.78 | 2.17 |
| MEDICAL | 17 | 24 | 7,755.05 702.22 | 29.26 | .007 | | .20 |
| SURGERY | 114 | 533 | | | | 41.31 47.26 | |
| PATHOLOGY | 74 | 124 | 5,388.09 | 10.11 94.74 | .149 .035 | 158.76 | 1.51 3.29 |
| RADIOLOGY | 101 | | 11,747.97 | | | 58.34 | |
| ROOM USE | | 155 | 5,892.04 | 38.01 | .043 | 165.96 | 1.65 |
| CROSSOVERS/ALL OTH OUTPTNT | 285 0 | 1,318 0 \$ | 47,297.65 | 35.89 \$.00 | .369 .000 \$ | | 13.26 |
| @COUNTY HOSPITAL TOTAL | 0 | | .00 | , , , , , , | | | • |
| CO HOSPITAL INPATIENT TOTAL | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| HSC HOSPITALS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| NON-HSC HOSPITALS TOTAL | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ACCOMMODATIONS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| ADMINISTRATIVE DAYS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| TRANSITIONAL IP CARE ALL OTHER ACCOM | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| | 0 | 0 | | | | | .00 |
| ANCILLARIES | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| INPATIENT CROSSOVERS | 0 | 0 | | | | | |
| ALL OTHER INPATIENT | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| CO HOSP OUTPATIENT TOTAL MEDICAL | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| | 0 | 0 | | | | | |
| SURGERY | U | 0 | .00 | .00 | .000 | .00 | .00 |
| PATHOLOGY | U | U 2 | .00 | .00 | .000 | .00 | .00 |
| RADIOLOGY | U | 0 | .00 | .00 | .000 | .00 | .00 |
| ROOM USE | U | U | .00 | .00 | .000 | .00 | .00 |
| CROSSOVERS/ALL OTH OUTPINT | U EDT_CNI CEDIIIO | 0 ES AND EXPENDITURES MO | .00 | .00 | .000 | .00 | .00 |
| #CALIF DEPT OF HEALTH SERV M | PDI-CHT SEKAIC | ES AND EVERNOTIONES MO | NIII-OE-EAIMENI KI | FIONT LOK DAN 7 | OO4 IUKO DE | C 2004 | PAGE 1,275 |

MOP024 FEE-FOR-SERVICE/DENTAL
BUTTE COUNTY SUMMARY OF SERVICES FOR CRAIG CASES- TOTAL IN PA-TOTAL 03/14/05

| BUTTE COUNTY | SUMMARY OF SERVI | CES FOR CRAIG CASE | ES- TOTAL IN PA-TO | JTAL | | | ~= |
|------------------------------|-------------------|-----------------------|--------------------|--------------|----------|---------------|------------|
| 2 560 51 5655 56 | | | | | MON | | |
| 3,568 ELIGIBLES | USERS | UNITS OF SERVICE | EXPENDITURES | | | COST PER | COST PER |
| | 1.6.6 | OR DAYS OF CARE | 252 222 42 | PER UNIT/DAY | _ | USER | ELIGIBLE |
| @COMMUNITY HOSPITAL TOTAL | 466 | 2,457 \$ | 353,932.43 | • | .689 \$ | | • |
| COMM HOSP INPATIENT TOTAL | 43 | 113 | 275,149.41 | | .032 | 6398.82 | 77.12 |
| HSC HOSPITALS | 3 | 42 | 66,819.00 | | .012 | 22273.00 | 18.73 |
| NON-HSC HOSPITALS TOTAL | 13 | 71 | 173,537.03 | | .020 | 13349.00 | 48.64 |
| ACCOMMODATIONS | 13 | 71 | 43,690.33 | | .020 | 3360.79 | 12.25 |
| ADMINISTRATIVE DAYS | 0 | 0 | .00 | | .000 | .00 | .00 |
| TRANSITIONAL IP CARE | 0 | 0 | .00 | | .000 | .00 | .00 |
| ALL OTHER ACCOM | 13 | 71 | 43,690.33 | 3 615.36 | .020 | 3360.79 | 12.25 |
| ANCILLARIES | 13 | 0 | 129,846.70 | .00 | .000 | 9988.21 | 36.39 |
| INPATIENT CROSSOVERS | 27 | 0 | 34,793.38 | .00 | .000 | 1288.64 | 9.75 |
| ALL OTHER INPATIENT | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| COMM HOSP OUTPATIENT TOTAL | 448 | 2,344 | 78,783.02 | 2 33.61 | .657 | 175.85 | 22.08 |
| MEDICAL | 101 | 190 | 7,755.05 | | .053 | 76.78 | 2.17 |
| SURGERY | 17 | 24 | 702.22 | | .007 | 41.31 | .20 |
| PATHOLOGY | 114 | 533 | 5,388.09 | | .149 | 47.26 | 1.51 |
| RADIOLOGY | 74 | 124 | 11,747.97 | | .035 | 158.76 | 3.29 |
| ROOM USE | 101 | 155 | 5,892.04 | | .043 | 58.34 | 1.65 |
| CROSSOVERS/ALL OTH OUTPTNT | | 1,318 | 47,297.65 | | .369 | 165.96 | 13.26 |
| @STATE HOSPITAL | 0 | 0 \$ | .00 | | .000 \$ | | \$.00 |
| MENTALLY ILL | 0 | 0 9 | .00 | · | .000 | .00 | .00 |
| DEVELOP. DISABLED | 0 | 0 | .00 | | .000 | .00 | .00 |
| @NURSING FACILITY | 355 | 9,500 \$ | 1,200,683.82 | | 2.663 \$ | | \$ 336.51 |
| - | 333 | 9,300 3 | , , | · | | .00 | · |
| LEV A-INTERMEDIATE | 0 | 0 | .00 | | .000 | .00 | .00 |
| LEV B-REHAB MD | • | 0 | | | | | |
| LEV B-SUBACUTE FREESTANDING | _ | - | .00 | | .000 | .00 | .00 |
| LEV B-SUBACUTE HSPTL BASED | 0 | 0 | .00 | | .000 | .00 | .00 |
| LEV B-TRANSITIONAL IP CARE | 0 | 0 | .00 | | .000 | .00 | .00 |
| LEV B-REGULAR | 355 | 9,500 | 1,200,683.82 | | 2.663 | 3382.21 | 336.51 |
| @INTERMEDIATE CARE FACILDD | 30 | 897 \$ | 160,724.08 | | .251 \$ | | |
| ICF DDH | 24 | 748 | 127,944.04 | | .210 | 5331.00 | 35.86 |
| ICF DD | 0 | 0 | .00 | | .000 | .00 | .00 |
| ICF DDN/DDCN | 6 | 149 | 32,780.04 | | .042 | 5463.34 | 9.19 |
| @HEMODIALYSIS TOTAL | 15 | 24 \$ | 7,169.80 | · | .007 \$ | | \$ 2.01 |
| HOSPITAL BASED | 0 | 0 | .00 | | .000 | .00 | .00 |
| HEMODIALYSIS CENTER | 15 | 24 | 7,169.80 | | .007 | 477.99 | 2.01 |
| @REHABILITATION FACILITY | 19 | 189 \$ | 3,260.89 | | .053 \$ | | \$.91 |
| HOSPITAL BASED | 3 | 10 | 264.83 | | .003 | 88.28 | .07 |
| INDEPENDENT FACILITY | 16 | 179 | 2,996.06 | 6 16.74 | .050 | 187.25 | .84 |
| @LABORATORY FACILITY | 54 | 235 \$ | 3,850.30 | 3 \$ 16.38 | .066 \$ | 71.30 | \$ 1.08 |
| PATHOLOGY | 54 | 235 | 3,850.30 | 16.38 | .066 | 71.30 | 1.08 |
| XO AND OTHERS | 0 | 0 | .00 | .00 | .000 | .00 | .00 |
| @ORGANIZED OUTPATIENT CLINIC | 483 | 767 \$ | 69,994.75 | | .215 \$ | 144.92 | \$ 19.62 |
| CLINIC | 10 | 17 | 2,627.75 | • | .005 | 262.78 | .74 |
| SURGICENTER | 0 | 0 | .00 | | .000 | .00 | .00 |
| HEROIN DETOX CLINIC | 1 | 18 | 213.11 | | .005 | 213.11 | .06 |
| RURAL HEALTH CLINIC | 474 | 732 | 67,153.89 | | .205 | 141.67 | 18.82 |
| #CALIF DEPT OF HEALTH SERV | | S AND EXPENDITURES | - | | | | PAGE 1,276 |
| MOP024 | FEE-FOR-SERVICE/ | | | | DL | | 03/14/05 |
| BUTTE COUNTY | | CES FOR CRAIG CASE | S- TOTAL IN PA-TO | OTAT. | | | 00/11/00 |
| 20112 000111 | COLLEGE OF DERIVE | 020 1010 010110 01101 | | V | MON | יעםבא אויבטאי | CE. |

----- MONTHLY AVERAGE -----3,568 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER

| | | OR DAYS OF CAR | E | | PER UNIT/DAY | PER ELIG | USER | ELIGIBLE |
|--------------------------------|-----|-----------------|----|-------------------|--------------|----------|-----------|----------|
| @ALL OTHER PROVIDERS | 490 | 17,603 | \$ | 119,677.07 | \$ 6.80 | 4.934 | \$ 244.24 | \$ 33.54 |
| DURABLE MED. EQUIP. | 36 | 274 | | 17,720.94 | 64.67 | .077 | 492.25 | 4.97 |
| BLOOD BANK | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| HEARING AID DISPENSERS | 19 | 33 | | 3,075.80 | 93.21 | .009 | 161.88 | .86 |
| MEDICAL TRANSPORTATION | 126 | 3,288 | | 22,008.95 | 6.69 | .922 | 174.67 | 6.17 |
| AMBULANCES/AIR TRANS | 40 | 375 | | 6,595.17 | 17.59 | .105 | 164.88 | 1.85 |
| OTHER TRANS | 85 | 2,900 | | 13,400.96 | 4.62 | .813 | 157.66 | 3.76 |
| OTHER SERVICES | 8 | 13 | | 2,012.82 | 154.83 | .004 | 251.60 | .56 |
| ACUPUNCTURE | 5 | 9 | | 167.60 | 18.62 | .003 | 33.52 | .05 |
| ADULT DAY HEALTH CARE CTR | 11 | 204 | | 14,194.32 | 69.58 | .057 | 1290.39 | 3.98 |
| GENETIC DISEASE TESTING | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| IHMC, MODEL-NF, NF, AIDS, MSSP | 8 | 31 | | 2,278.71 | 73.51 | .009 | 284.84 | .64 |
| OCCUPATIONAL THERAPIST | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| OPTICIAN | 63 | 144 | | 1,485.57 | 10.32 | .040 | 23.58 | .42 |
| PHYSICAL THERAPIST | 1 | 26 | | 331.16 | 12.74 | .007 | 331.16 | .09 |
| PORTABLE X-RAY | 3 | 4 | | 1.98 | .50 | .001 | .66 | .00 |
| PROSTHETIST/ORTHOTISTS | 3 | 15 | | 1,967.37 | 131.16 | .004 | 655.79 | .55 |
| PROSTHETICS | 3 | 15 | | 1,967.37 | 131.16 | .004 | 655.79 | .55 |
| ORTHOTICS | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| PSYCHOLOGIST | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| SPEECH AND AUDIOLOGY | 14 | 41 | | 4,114.18 | 100.35 | .011 | 293.87 | 1.15 |
| HOSPICE SERVICES | 8 | 319 | | 38,041.18 | 119.25 | .089 | 4755.15 | 10.66 |
| NONINST BIRTHING CENTERS | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| LOCAL EDUCATION AGENCIES | 83 | 818 | | 7,710.08 | 9.43 | .229 | 92.89 | 2.16 |
| EPSDT SUPPLEMENTAL SERVICE | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| RESPIRATORY CARE PRACT. | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| PED SUBACUTE REHAB/WEANING | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER PROVIDERS | 149 | 12 , 397 | | 6 , 579.23 | .53 | 3.474 | 44.16 | 1.84 |
| @CALIF. CHILDREN SERVICES* | 39 | 1,622 | \$ | 13,824.04 | \$ 8.52 | .455 | • | • |
| @XOVER EXCLUDING STATE HOSP** | 602 | 6,621 | \$ | 126,576.32 | \$ 19.12 | 1.856 | \$ 210.26 | \$ 35.48 |

0* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 1,277
MOP024 FEE-FOR-SERVICE/DENTAL
BUTTE COUNTY SUMMARY OF SERVICES FOR TOTAL CERTIFIED

| 20112 0001111 | 0011111111 | | | | | | |
|---------------------------|------------------|------------------|---------------------|--------------|------------|-------------|-----------|
| | | | | | MO1 | NTHLY AVERA | GE |
| 551,283 ELIGIBLES | USERS | UNITS OF SERVICE | EXPENDITURES | AVERAGE COST | UNITS/DAYS | COST PER | COST PER |
| | | OR DAYS OF CARE | | PER UNIT/DAY | PER ELIG | USER | ELIGIBLE |
| @TOTAL, ALL PROVIDERS | 348 , 996 | 4,538,203 \$ | 202,402,358.72 | \$ 44.60 | 8.232 | \$ 579.96 | \$ 367.15 |
| @PHYSICIANS SERVICES | 73,584 | 225,985 \$ | 8,901,990.81 | \$ 39.39 | .410 | \$ 120.98 | \$ 16.15 |
| OUTPATIENT VISITS | 28 , 537 | 36 , 686 | 1,589,443.26 | 43.33 | .067 | 55.70 | 2.88 |
| OFFICE VISITS | 20,974 | 26,239 | 918,408.45 | 35.00 | .048 | 43.79 | 1.67 |
| HOME VISITS | 27 | 36 | 1,849.00 | 51.36 | .000 | 68.48 | .00 |
| EMERGENCY ROOM | 5 , 699 | 6 , 752 | 392 , 987.77 | 58.20 | .012 | 68.96 | .71 |
| PREVENTIVE CARE | 43 | 45 | 1,853.97 | 41.20 | .000 | 43.12 | .00 |
| OB VISITS/COMPRE PERI | 1,596 | 2,409 | 236,357.03 | 98.11 | .004 | 148.09 | .43 |
| OTHER OUTPATIENT | 1,074 | 1,205 | 37,987.04 | 31.52 | .002 | 35.37 | .07 |
| INPATIENT VISITS | 5 , 187 | 21,063 | 1,063,601.68 | 50.50 | .038 | 205.05 | 1.93 |
| HOSPITAL VISITS | 4,709 | 18,407 | 751,873.28 | 40.85 | .033 | 159.67 | 1.36 |
| CRITICAL CARE | 452 | 2,046 | 294,642.56 | 144.01 | .004 | 651.86 | .53 |
| SNF/ICF/TRANS IP CARE | 372 | 610 | 17,085.84 | 28.01 | .001 | 45.93 | .03 |
| OPHTHALMOLOGICAL SERVICES | 2,206 | 2,489 | 103,104.21 | 41.42 | .005 | 46.74 | .19 |
| EXAMINATIONS | 2,197 | 2,480 | 102,915.98 | 41.50 | .004 | 46.84 | .19 |
| SERVICES AND MATERIALS | 9 | 9 | 188.23 | 20.91 | .000 | 20.91 | .00 |

| INPATIENT HOSPITAL SURGERY | 3,542 | 19,522 | | 2,051,719.34 | | 105.10 | .035 | | 579.25 | | 3.72 |
|---|----------------------------|-------------------|--------|---------------------|--------|-----------|-----------|------|-----------|----|-----------|
| PRINCIPAL SURGEON | 2,629 | 3 , 962 | | 1,720,607.47 | | 434.28 | .007 | | 654.47 | | 3.12 |
| ASSISTANT SURGEON | 413 | 418 | | 75,617.54 | | 180.90 | .001 | | 183.09 | | .14 |
| ANESTHESIOLOGIST | 1,106 | 15,142 | | 255,494.33 | | 16.87 | .027 | | 231.01 | | .46 |
| OUTPATIENT SURGERY | 5,444 | 17,642 | | 1,153,918.57 | | 65.41 | .032 | | 211.96 | | 2.09 |
| | | 5,986 | | 952,923.84 | | 159.19 | .011 | | 211.24 | | 1.73 |
| ASSISTANT SURGEON | 65 | 65 | | 6,252.56 | | 96.19 | .000 | | 96.19 | | .01 |
| ANESTHESIOLOGIST | 1,219 | 11,591 | | 194,742.17 | | 16.80 | .021 | | 159.76 | | .35 |
| ANESTHESIOLOGIST DIALYSIS PATHOLOGY | | 478 | | 46,745.52 | | 97.79 | .001 | | 286.78 | | .08 |
| PATHOLOGY | 3 , 373 | 6,564 | | 171,999.34 | | 26.20 | .012 | | 50.99 | | .31 |
| RADIOLOGY | 24,666 | 42,519 | | 1,297,318.39 | | 30.51 | | | 52.60 | | 2.35 |
| PSYCHIATRY | 19 | 24 | | 1,253.45 | | 52.23 | .000 | | 65.97 | | |
| IMMUNIZATION AND INJECTION | 1,016 | 15,364 | | 238,565.76 | | 15.53 | | | 234.81 | | |
| OTHER SERVICES/ALL X-OVERS | 22,676 | | | 1,184,321.29 | | 18.61 | | | 52.23 | | |
| @PHARMACY | | 1,855,813 | \$ | 73,874,777.24 | | 39.81 | 3.366 | \$ | 339.35 | \$ | 134.01 |
| PRESCRIPTION DRUGS | | | | 71,359,344.77 | | 82.82 | 1.563 | | 332.02 | | 129.44 |
| | 8 , 951 | | | 4,292,905.78 | | 61.15 | .127 | | 479.60 | | 7.79 |
| OUTPATIENTS | 206,279 | 791 , 384 | | 67,066,438.99 | | 84.75 | 1.436 | | 325.12 | | 121.66 |
| MEDICAL SUPPLIES | 17,733 | 994,225 | | | | | 1.803 | | 141.85 | | 4.56 |
| @DENTIST | 20,622 | 100,672 | \$ | 3,595,250.14 | | | | \$ | 174.34 | \$ | 6.52 |
| VISITS - DIAGNOSTIC | 14.751 | 64.015 | | 928,235.52 | | 14.50 | .116 | | 62.93 | | 1.68 |
| ORAL SURGERY | 2,996 416 122 695 | 7,353 | | 420,263.91 | | | | | 140.28 | | .76 |
| DRUGS | 416 | 464 | | 10,701.80 | | 23.06 | .001 | | 25.73 | | .02 |
| ANESTHESIA | 122 | 126 | | 10,485.00 | | 83.21 | .000 | | 85.94 | | .02 |
| PERIODONTICS | 122 695 | 745 | | 78,081.00 | | 104.81 | .001 | | 112.35 | | .14 |
| ENDODONTICS | 1,672 6,620 | 2,706 | | 493,097.50 | | 182.22 | .005 | | 294.91 | | .89 |
| RESTORATIVE DENTISTRY | 6,620 | 19,914 | | 1,120,170.50 | | 56.25 | .036 | | 169.21 | | 2.03 |
| PROSTHETICS | 87 | 88 | | 2,578.50 | | 29.30 | .000 | | 29.64 | | .00 |
| DENTURES, STAYPLATES | 1,006 | 2,866 | | 361,176.54 | | 126.02 | .005 | | 359.02 | | .66 |
| | 123 | 156 | | 16,531.90 | | 105.97 | .000 | | 134.41 | | .03 |
| MAXILLOFACIAL SERVICES | 46 | 78 | | 21,914.93 | | 280.96 | .000 | | 476.41 | | |
| FRACTURES, DISLOCATIONS | 5 | 9 | | 6,293.04 | | 699.23 | .000 | | 1258.61 | | |
| ORTHODONTIC SERVICES | 1,231 | 1,611 | | 117,798.75 | | | .003 | | 95.69 | | .21 |
| ALL OTHER SERVICES | 433 | 541 | | 7,921.25 | | 14.64 | .001 | | 18.29 | | .01 |
| #CALIF DEPT OF HEALTH SERV | MEDI-CAL SERVIC | CES AND EXPENDITU | JRES 1 | MONTH-OF-PAYMENT RI | EPORT | r for Jan | 2004 THRU | DEC | 2004 | Р | AGE 1,278 |
| MOP024 | FEE-FOR-SERVICE | E/DENTAL | | | | | | | | | 03/14/05 |
| BUTTE COUNTY | SUMMARY OF SERV | /ICES FOR TOTAL | CERT | IFIED | | | | | | | |
| | | | | | | | M | ONTE | HLY AVERA | GE | |
| FF1 000 FF FGTB FG | | | ~= | EUDENID TEUDE C | 3 7 77 | | mma/par | | 2008 888 | | GOOF RED |

| 551,283 ELIGIBLES | USERS | UNITS OF SERVICE OR DAYS OF CARE | EXPENDITURES | RAGE COST UNIT/DAY | UNITS/DAY PER ELIG | - | COST PER USER | COST PER ELIGIBLE |
|------------------------------|----------------|-------------------------------------|--------------------|--------------------|-----------------------|----|------------------|----------------------|
| @OPTOMETRIST | 9,293 | 24,594 | \$ 525,793.56 | \$ 21.38 | .045 | \$ | 56.58 | \$.95 |
| DIAGNOSTIC AND ANC. PROCED | 4,944 | 5,215 | 218,391.99 | 41.88 | .009 | | 44.17 | .40 |
| EYE APPLIANCES | 6 , 691 | 18,483 | 288,773.35 | 15.62 | .034 | | 43.16 | .52 |
| OTHER OPTOMETRIC SERVICES | 700 | 896 | 18,628.22 | 20.79 | .002 | | 26.61 | .03 |
| @CHIROPRACTOR | 923 | 1,601 | \$ 25,965.53 | \$ 16.22 | .003 | \$ | 28.13 | \$.05 |
| VISITS | 883 | 1,552 | 25,330.80 | 16.32 | .003 | | 28.69 | .05 |
| OTHER SERVICES | 40 | 49 | 634.73 | 12.95 | .000 | | 15.87 | .00 |
| @PODIATRIST | 2,285 | 3,844 | \$ 47,566.60 | \$ 12.37 | .007 | \$ | 20.82 | \$.09 |
| MEDICINE/INJECTIONS | 540 | 635 | 17,223.71 | 27.12 | .001 | | 31.90 | .03 |
| SURGERY/ANES. | 17 | 27 | 1,293.65 | 47.91 | .000 | | 76.10 | .00 |
| RADIO./PATHOLOGY | 60 | 75 | 1,347.65 | 17.97 | .000 | | 22.46 | .00 |
| OTHER | 1,730 | 3,107 | 27,701.59 | 8.92 | .006 | | 16.01 | .05 |
| @HOME HEALTH AGENCY | 1,544 | 54,908 | \$ 1,778,999.43 | \$ 32.40 | .100 | \$ | 1152.20 | \$ 3.23 |
| NURSE ANESTHESIST | 719 | 8,268 | \$ 88,007.87 | \$ 10.64 | .015 | \$ | 122.40 | \$.16 |
| NURSE MIDWIFE | 3,584 | 24,303 | \$ 638,587.51 | \$ 26.28 | .044 | \$ | 178.18 | \$ 1.16 |
| PEDIATRIC NURSE PRACTITIONER | 4 | 5 | \$ 157.60 | \$ 31.52 | .000 | \$ | 39.40 | \$.00 |

| FAMILY NURSE PRACTITIONER | 1,135 | 2,410 | \$ 39,499.46 | \$ 16.39 | .00 | 4 \$ | 34.80 | \$.07 | |
|-----------------------------|-----------------|------------------|---------------------|--------------|-----|------|----------|-------------|--|
| @TOTAL HOSPITAL | 89,764 | 391,571 | \$ 52,504,679.11 | \$ 134.09 | .71 | 0 \$ | 584.92 | \$ 95.24 | |
| HOSP INPATIENT TOTAL | 6 , 373 | 23,711 | 41,238,231.85 | 1739.20 | .04 | 3 | 6470.77 | 74.80 | |
| HSC HOSPITALS | 502 | 3,904 | 5,613,506.76 | 1437.89 | .00 | 7 | 11182.28 | 10.18 | |
| NON-HSC HOSPITAL TOTAL | 4,471 | 19 , 807 | 34,382,591.19 | 1735.88 | .03 | 6 | 7690.13 | 62.37 | |
| ACCOMMODATIONS | 4,464 | 19,807 | 11,120,628.97 | 561.45 | .03 | 6 | 2491.18 | 20.17 | |
| ADMINISTRATIVE DAYS | 5 | 30 | 6,061.84 | 202.06 | .00 | 0 | 1212.37 | .01 | |
| TRANSITIONAL IP CARE | 0 | 0 | .00 | .00 | .00 | 0 | .00 | .00 | |
| ALL OTHER ACCOM | 4,459 | 19 , 777 | 11,114,567.13 | 561.99 | .03 | 6 | 2492.61 | 20.16 | |
| ANCILLARIES | 4,471 | 0 | 23,261,962.22 | .00 | .00 | 0 | 5202.85 | 42.20 | |
| INPATIENT CROSSOVERS | 1,451 | 0 | 1,242,133.90 | .00 | .00 | 0 | 856.05 | 2.25 | |
| ALL OTHER INPATIENT | 0 | 0 | .00 | .00 | .00 | 0 | .00 | .00 | |
| HOSP OUTPATIENT TOTAL | 87 , 217 | 367 , 860 | 11,266,447.26 | 30.63 | .66 | 7 | 129.18 | 20.44 | |
| MEDICAL | 40,979 | 65,217 | 3,075,092.96 | 47.15 | .11 | 8 | 75.04 | 5.58 | |
| SURGERY | 5 , 328 | 6,457 | 340,853.36 | 52.79 | | 2 | 63.97 | .62 | |
| PATHOLOGY | 28,498 | 107,127 | 1,419,949.41 | 13.25 | .19 | 4 | 49.83 | 2.58 | |
| RADIOLOGY | 18,145 | 26,242 | 1,832,344.87 | 69.82 | | 8 | | 3.32 | |
| ROOM USE | 46,052 | 65,467 | 2,512,795.12 | 38.38 | | 9 | 54.56 | 4.56 | |
| CROSSOVERS/ALL OTH OUTPINT | 33 , 659 | 97 , 350 | 2,085,411.54 | 21.42 | .17 | 7 | 61.96 | 3.78 | |
| @COUNTY HOSPITAL TOTAL | 138 | 706 | \$ 188,081.75 | \$ 266.40 | .00 | 1 \$ | 1362.91 | \$.34 | |
| CO HOSPITAL INPATIENT TOTAL | 17 | 122 | 170,299.91 | 1395.90 | .00 | | 10017.64 | .31 | |
| HSC HOSPITALS | 14 | 112 | 141,466.03 | 1263.09 | .00 | | 10104.72 | .26 | |
| NON-HSC HOSPITALS TOTAL | 2 | 10 | 27 , 993.88 | 2799.39 | .00 | | 13996.94 | .05 | |
| ACCOMMODATIONS | 2 | 10 | 11,096.00 | 1109.60 | .00 | | 5548.00 | .02 | |
| ADMINISTRATIVE DAYS | 0 | 0 | .00 | .00 | .00 | | .00 | .00 | |
| TRANSITIONAL IP CARE | 0 | 0 | .00 | .00 | .00 | | .00 | .00 | |
| ALL OTHER ACCOM | 2 | 10 | 11,096.00 | 1109.60 | .00 | 0 | 5548.00 | .02 | |
| ANCILLARIES | 2 | 0 | 16,897.88 | .00 | .00 | | 8448.94 | .03 | |
| INPATIENT CROSSOVERS | 1 | 0 | 840.00 | .00 | .00 | | 840.00 | .00 | |
| ALL OTHER INPATIENT | 0 | 0 | .00 | .00 | .00 | 0 | .00 | .00 | |
| CO HOSP OUTPATIENT TOTAL | 123 | 584 | 17,781.84 | 30.45 | .00 | 1 | 144.57 | .03 | |
| MEDICAL | 40 | 48 | 2,117.51 | 44.11 | .00 | 0 | 52.94 | .00 | |
| | | | | | | | | | |

| SURGERY | 19 | 31 | 1,053.97 | 34.00 | .000 | 55.47 | .00 |
|----------------------------|--------------------|------------------|------------------------|------------|-------------|---------|------------|
| PATHOLOGY | 40 | 185 | 2,945.03 | 15.92 | .000 | 73.63 | .01 |
| RADIOLOGY | 21 | 35 | 2,908.30 | 83.09 | .000 | 138.49 | .01 |
| ROOM USE | 80 | 117 | 5,766.95 | 49.29 | .000 | 72.09 | .01 |
| CROSSOVERS/ALL OTH OUTPINT | 63 | 168 | 2,990.08 | 17.80 | .000 | 47.46 | .01 |
| #CALIF DEPT OF HEALTH SERV | MEDI-CAL SERVICES | AND EXPENDITURES | MONTH-OF-PAYMENT REPOR | RT FOR JAN | 2004 THRU D | EC 2004 | PAGE 1,279 |
| MOP024 | FEE-FOR-SERVICE/DE | NTAL | | | | | 03/14/05 |
| BUTTE COUNTY | SUMMARY OF SERVICE | S FOR TOTAL CER | IFIED | | | | |

| BUTTE COUNTY | SUMMARY OF SER | VICES FOR TOTAL CE | RTT | FTED | | | | | 03/14/03 |
|------------------------------|----------------------------|-------------------------------------|-----|---------------------|--|------------|------------|----|----------------------|
| BOTTE COUNTY | COLUMN OF CELL | VIOLO ION IONE OF | | 1110 | | MON | THLY AVERA | GE | |
| 551,283 ELIGIBLES | USERS | UNITS OF SERVICE OR DAYS OF CARE | | EXPENDITURES | AVERAGE COST PER UNIT/DAY | UNITS/DAYS | | | COST PER ELIGIBLE |
| @COMMUNITY HOSPITAL TOTAL | 89,651 | 390,865 | \$ | 52,316,597.36 | \$ 133.85 | | 583.56 | | 94.90 |
| COMM HOSP INPATIENT TOTAL | 6,357 | 23,589 | | 11 067 031 01 | 17/10 98 | .043 | 6460.27 | | 74.50 |
| HSC HOSPITALS | 488 | 3,792 | | 5,472,040.73 | 1740.36 1443.05 1735.34 561.17 202.06 .00 561.72 | .007 | 11213.20 | | 9.93 |
| NON-HSC HOSPITALS TOTAL | 4,469 | 19,797 | | 34,354,597.31 | 1735.34 | .036 | 7687.31 | | 62.32 |
| ACCOMMODATIONS | 4,462 | 19,797 | | 11,109,532.97 | 561.17 | .036 | 2489.81 | | 20.15 |
| ADMINISTRATIVE DAYS | 5 | 30 0 19 , 767 | | 6,061.84 | 202.06 | .000 | 1212.37 | | .01 |
| TRANSITIONAL IP CARE | 0 | 0 | | .00 | .00 | .000 | .00 | | .00 |
| ALL OTHER ACCOM | 4,457 | 19,767 | | 11,103,471.13 | 561.72 | .036 | 2491.24 | | 20.14 |
| ANCILLARIES | 4,469 | 0 | | 23,245,064.34 | .00 | .000 | 5201.40 | | 42.17 |
| INPATIENT CROSSOVERS | 1,450 | | | 1,241,293.90 | .00 | .000 | 856.06 | | 2.25 |
| ALL OTHER INPATIENT | 0 | 0 | | .00 | .00 | .000 | .00 | | .00 |
| COMM HOSP OUTPATIENT TOTAL | 87 , 117 | 367,276 | | 11,248,665.42 | 30.63 | .666 | 129.12 | | 20.40 |
| MEDICAL | 40,942 | 65,169 | | 3,072,975.45 | 47.15 | .118 | 75.06 | | 5.57 |
| SURGERY | 5 , 309 | 6,426 | | 339,799.39 | 52.88 | .012 | 64.00 | | .62 |
| PATHOLOGY | 28,461 | 106,942 | | 1,417,004.38 | 13.25 | .194 | 49.79 | | 2.57 |
| RADIOLOGY | 18,126 | 26,207 | | 1,829,436.57 | 69.81 | .048 | 100.93 | | 3.32 |
| ROOM USE | 28,461 18,126 45,981 | 65,350 | | 2,507,028.17 | 13.25 69.81 38.36 | .119 | 54.52 | | 4.55 |
| CROSSOVERS/ALL OTH OUTPTNT | 33.606 | 97 , 182 | | Z,U8Z,4ZI.46 | 21.43 | .176 | 61.97 | | 3.78 |
| @STATE HOSPITAL | 2 0 2 8,983 4 | 45 | \$ | 24,578.27 | | | 12289.14 | \$ | .04 |
| MENTALLY ILL | 0 | 0 | | .00 | .00 | .000 | .00 | | .00 |
| DEVELOP. DISABLED | 2 | 45 | | | 546.18 | .000 | 12289.14 | | .04 |
| @NURSING FACILITY | 8,983 | 260,276 | \$ | 28,477,035.27 | \$ 109.41 | .472 | 3170.10 | \$ | 51.66 |
| LEV A-INTERMEDIATE | 4 | 163 | | 12,729.58 | 78.10 119.01 357.12 566.31 | .000 | 3182.40 | | .02 |
| LEV B-REHAB MD | | 619 | | 73,669.08 | 119.01 | | 4333.48 | | .13 |
| LEV B-SUBACUTE FREESTANDING | 49 | 1,548 | | 552,827.08 | 357.12 | | 11282.19 | | 1.00 |
| LEV B-SUBACUTE HSPTL BASED | 23 | 731 | | 413,973.75 | 566.31 | .001 | 17998.86 | | .75 |
| LEV B-TRANSITIONAL IP CARE | 0 8,891 | 0 | | .00 | .00 | .000 | .00 | | .00 |
| LEV B-REGULAR | 8,891 | 257,215 | | 27,423,835.78 | 106.62 | .467 | 3084.45 | | 49.75 |
| @INTERMEDIATE CARE FACILDD | 649 | 19,346 | \$ | 3,510,282.53 | \$ 181.45 | | 5408.76 | \$ | 6.37 |
| ICF DDH | 324 | 9,721 | | 1,559,457.52 | 160.42 | .018 | 4813.14 | | 2.83 |
| ICF DD | 0 | 0 | | .00 | .00 | .000 | .00 | | .00 |
| ICF DDN/DDCN | 0 326 832 0 | 9,625 | | 1,950,825.01 | 202.68 | .017 | 5984.13 | | 3.54 |
| @HEMODIALYSIS TOTAL | 832 | 14,026 | \$ | 829,231.29 | \$ 59.12 | .025 | | \$ | 1.50 |
| HOSPITAL BASED | 0 | 0 | | .00 | .00 | .000 | .00 | | .00 |
| HEMODIALYSIS CENTER | 832 | 14,026 | | 829,231.29 | 59.12 | .025 | 996.67 | | 1.50 |
| @REHABILITATION FACILITY | 1,269 | 14,129 | \$ | 280,723.09 | \$ 19.87 | .026 | 221.22 | \$ | .51 |
| HOSPITAL BASED | 860 409 | 5,717 | | 145,363.86 | 25.43 | .010 | 169.03 | | .26 |
| INDEPENDENT FACILITY | 409 | 8,412 | | 135,359.23 | 16.09 | .015 | 330.95 | | .25 |
| @LABORATORY FACILITY | 16,230 | 54,038 | \$ | 881,304.55 | \$ 16.31 | .098 \$ | 54.30 | \$ | 1.60 |
| PATHOLOGY | 16,131 | 53 , 819 | | 877,123.26 | 16.30 | .098 | 54.38 | | 1.59 |
| XO AND OTHERS | 104 | 219 | | 4,181.29 | 19.09 | .000 | 40.20 | | .01 |
| @ORGANIZED OUTPATIENT CLINIC | 103,224 | 179 , 992 | \$ | 18,477,253.33 | \$ 102.66 | .326 | | \$ | 33.52 |
| CLINIC | 5,252 | 16,147 | | 785 , 864.51 | 48.67 | .029 | 149.63 | | 1.43 |
| SURGICENTER | 509 | 3,016 | | 116,230.20 | 38.54 | .005 | 228.35 | | .21 |
| HEROIN DETOX CLINIC | 21 | 338 | | 4,017.76 | 11.89 | .001 | 191.32 | | .01 |
| | | | | | | | | | |

RURAL HEALTH CLINIC 98,661 160,491 17,571,140.86 109.48 .291 178.10 31.87 #CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 1,280 MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05

| BUTTE COUNTY | SUMMARY OF SERV | VICES FOR TOTAL | CERT | TETED | | | | |
|--------------------------------|-----------------|------------------|------|---------------------|--------------|-------|-------------|-------------|
| | | | | | | | NTHLY AVERA | |
| 551,283 ELIGIBLES | USERS | UNITS OF SERVIC | | EXPENDITURES | AVERAGE COST | | COST PER | ST PER |
| | | OR DAYS OF CAR | RE | | PER UNIT/DAY | _ | USER | IGIBLE |
| @ALL OTHER PROVIDERS | 49,884 | 1,302,377 | \$ | 7,900,675.53 | \$ 6.07 | 2.362 | • | \$ 14.33 |
| DURABLE MED. EQUIP. | 2 , 877 | 9,907 | | 1,037,760.36 | 104.75 | .018 | 360.71 | 1.88 |
| BLOOD BANK | 25 | 17 , 591 | | 52 , 773.00 | 3.00 | .032 | 2110.92 | .10 |
| HEARING AID DISPENSERS | 1,259 | 2 , 390 | | 191 , 116.60 | 79.97 | .004 | 151.80 | .35 |
| MEDICAL TRANSPORTATION | 8,256 | 251 , 948 | | 1,767,084.73 | 7.01 | .457 | 214.04 | 3.21 |
| AMBULANCES/AIR TRANS | 5,001 | 51,078 | | 834,333.04 | 16.33 | .093 | 166.83 | 1.51 |
| OTHER TRANS | 3,284 | 199 , 318 | | 720,172.31 | 3.61 | .362 | 219.30 | 1.31 |
| OTHER SERVICES | 369 | 1,552 | | 212,579.38 | 136.97 | .003 | 576.10 | .39 |
| ACUPUNCTURE | 340 | 629 | | 11,115.77 | 17.67 | .001 | 32.69 | .02 |
| ADULT DAY HEALTH CARE CTR | 595 | 7,790 | | 542,357.23 | 69.62 | .014 | 911.52 | .98 |
| GENETIC DISEASE TESTING | 610 | 613 | | 64,341.00 | 104.96 | .001 | 105.48 | .12 |
| IHMC, MODEL-NF, NF, AIDS, MSSP | 2,003 | 42 , 913 | | 1,701,594.34 | 39.65 | .078 | 849.52 | 3.09 |
| OCCUPATIONAL THERAPIST | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| OPTICIAN | 7,530 | 16 , 875 | | 169,124.39 | 10.02 | .031 | 22.46 | .31 |
| PHYSICAL THERAPIST | 366 | 3,482 | | 50,889.62 | 14.62 | .006 | 139.04 | .09 |
| PORTABLE X-RAY | 60 | 94 | | 190.59 | 2.03 | .000 | 3.18 | .00 |
| PROSTHETIST/ORTHOTISTS | 467 | 1,146 | | 161,484.53 | 140.91 | .002 | 345.79 | .29 |
| PROSTHETICS | 447 | 1,088 | | 154 , 690.37 | 142.18 | .002 | 346.06 | .28 |
| ORTHOTICS | 20 | 58 | | 6,794.16 | 117.14 | .000 | 339.71 | .01 |
| PSYCHOLOGIST | 82 | 291 | | 17,942.60 | 61.66 | .001 | 218.81 | .03 |
| SPEECH AND AUDIOLOGY | 1,860 | 5 , 299 | | 258 , 647.98 | 48.81 | .010 | 139.06 | .47 |
| HOSPICE SERVICES | 201 | 4,616 | | 524 , 786.84 | 113.69 | .008 | 2610.88 | .95 |
| NONINST BIRTHING CENTERS | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| LOCAL EDUCATION AGENCIES | 15 , 695 | 77 , 877 | | 630 , 381.74 | 8.09 | .141 | 40.16 | 1.14 |
| EPSDT SUPPLEMENTAL SERVICE | 6 | 481 | | 14,213.00 | 29.55 | .001 | 2368.83 | .03 |
| RESPIRATORY CARE PRACT. | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| PED SUBACUTE REHAB/WEANING | 0 | 0 | | .00 | .00 | .000 | .00 | .00 |
| ALL OTHER PROVIDERS | 11,328 | 858 , 435 | | 704,871.21 | .82 | 1.557 | 62.22 | 1.28 |
| @CALIF. CHILDREN SERVICES* | 2 , 853 | 91 , 197 | \$ | | \$ 62.25 | .165 | | 10.30 |
| @XOVER EXCLUDING STATE HOSP** | 33,189 | 338 , 229 | \$ | 5,118,962.86 | \$ 15.13 | .614 | \$ 154.24 | \$ 9.29 |

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

BUTTE COUNTY SUMMARY OF SERVICES FOR TOTAL CERTIFIED

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.